

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000099438 \*

1. Entity Name

DAVID J. MILLIGAN MASONRY, INC.



**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

9018 ONE PUTT PLACE  
PORT SAINT LUCIE FL 34986

Mailing Address

P.O. BOX 880817  
PORT SAINT LUCIE FL 34988



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0715072

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLIGAN, DAVID J  
9018 ONE PUTT PLACE  
PORT SAINT LUCIE FL 34986

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS MILLIGAN, DAVID J  
CITY-ST-ZIP 9018 ONE PUTT PL  
PORT SAINT LUCIE FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 11000000471601  
CITY-ST-ZIP 03/29/06-80003-014 150.00

TITLE ☐ Delete  
NAME VPS  
STREET ADDRESS MILLIGAN, JO  
CITY-ST-ZIP 9018 ONE PUTT PLACE  
PORT SAINT LUCIE FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPS  
STREET ADDRESS MILLIGAN, JO  
CITY-ST-ZIP P.O. BOX 880817  
PORT SAINT LUCIE FL 34988

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David J. Milligan

3-8-06

772-468-6598