

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000099438

Entity Name: DAVID J. MILLIGAN MASONRY, INC.

FILED  
Jan 21, 2008  
Secretary of State

## Current Principal Place of Business:

9018 ONE PUTT PLACE  
PORT SAINT LUCIE, FL 34986

## New Principal Place of Business:

10025 PERFECT DRIVE  
PORT SAINT LUCIE, FL 34986

## Current Mailing Address:

P.O. BOX 880817  
PORT SAINT LUCIE, FL 34988

## New Mailing Address:

FEI Number: 65-0715072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MILLIGAN, DAVID J  
10025 PERFECT DRIVE  
PORT SAINT LUCIE, FL 34986      US

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.

SIGNATURE: DAVID J. MILLIGAN

01/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MILLIGAN, DAVID J  
Address: 9018 ONE PUTT PL  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPS ( ) Delete  
Name: MILLIGAN, JO  
Address: 9018 ONE PUTT PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPS (X) Delete  
Name: MILLIGAN, JO  
Address: P.O. BOX 880817  
City-St-Zip: PORT SAINT LUCIE, FL 34988

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MILLIGAN, DAVID J  
Address: PO BOX 880817  
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: VPS (X) Change ( ) Addition  
Name: MILLIGAN, JO  
Address: PO BOX 880817  
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO MILLIGAN

VPS

01/21/2008

Electronic Signature of Signing Officer or Director

Date