

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001282

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** CHRISTINE RIEGER MILTON, P.A.

**Current Principal Place of Business:**

50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-3486246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIEGER MILTON, CHRISTINE  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** RIEGER MILTON, CHRISTINE  
**Address:** 50 NORTH LAURA STREET, SUITE 3300  
**City-St-Zip:** JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** CHRISTINE RIEGER MILTON

PRES

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date