


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90001 011 ***150.00

DOCUMENT # P98000034009
 1. Entity Name
MILTON COMPUTERS, INC.



Principal Place of Business Mailing Address
 6375 HWY. 90 6375 HWY. 90
 MILTON FL 32570 MILTON FL 32570

34015840



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 6375 Hwy 90 6375 Hwy 90
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Milton, FL Milton, FL

Zip Country Zip Country
 32570 USA 32570 USA

4. FEI Number 59-3566230 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARSHALL, JOHN
 302 CANAL STREET
 MILTON FL 32570
 Address change

7. Name and Address of New Registered Agent
 Name John Marshall
 Street Address (P.O. Box Number is Not Acceptable)
 4929 Shell Rd
 City Milton FL Zip Code 32583

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 John Marshall *John Marshall* 3-10-04
 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, 2004 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, JOHN	
STREET ADDRESS	302 CANAL ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOREEN, MARSHALL	
STREET ADDRESS	5165 CANAL	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Doreen Marshall* Doreen Marshall 3-10-04 (850)623-6474
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #