

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 017 ***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**

2. Principal Place of Business 3. Mailing Address

6375 Hwy 90 **6375 Hwy 90**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State FL FL

Milton **Milton**

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



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MARSHALL, JOHN
4929 SHELL RD.
MILTON FL 32583

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

Trust Fund Contribution.

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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marshall, John
STREET ADDRESS	4929 Shell Rd
CITY-ST-ZIP	Milton, FL 32583
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doreen Marshall
STREET ADDRESS	4929 Shell Rd
CITY-ST-ZIP	Milton, FL 32583
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: **Doreen Marshall Doreen Marshall** 1-22-06 850-623-6474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #