

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041170

FILED
Mar 24, 2009
Secretary of State

Entity Name: MILTON GROUP PROPERTIES, INC.

Current Principal Place of Business:

SAVAGE, KRIM & SIMONS, P.A.
121 NW 3 STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

SAVAGE, KRIM & SIMONS, P.A.
121 NW 3 STREET
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-3517387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, GARY C
SAVAGE, KRIM & SIMONS, P.A.
121 NW 3 STREET
OCALA, FL 34475 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: RUBIN, JAY
Address: 6690 S.W. 18 TERRACE ROAD
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: RUBIN, JANET
Address: 9855A SW 89 TERRACE
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUBIN, JAY
Address: 7327 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

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: JAY J RUBIN

MGR

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date