


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90317 027 ***158.75

DOCUMENT # P99000080266

1. Entity Name
MILSTO MANAGEMENT, INC.



Principal Place of Business Mailing Address
2074 FOREST GATE DRIVE EAST **2074 FOREST GATE DRIVE EAST**
JACKSONVILLE, FL 32246 **JACKSONVILLE, FL 32246**

50037274



2. Principal Place of Business 3. Mailing Address
1951 E. WINDY WAY **1951 E. WINDY WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04132005 Chg-P CR2E034 (10/03)

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE, FL**
 Zip Country Zip Country
32259 **USA** **32259** **USA**

4. FEI Number Applied For
59-3599817 Not Applicable

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

6. Name and Address of Current Registered Agent
STOCKS, TODD
2074 FOREST GATE DRIVE EAST
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1951 E. WINDY WAY
 City State Zip Code
JACKSONVILLE **FL** **32259**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOCKS, TODD B 2074 FOREST GATE DRIVE EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1951 E. WINDY WAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOCKS, LISA D 2074 FOREST GATE DRIVE EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1951 E. WINDY WAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILTON, ALTON C JR. US 41 SOUTH BOX 2063 LAKE CITY, FL 32056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lisa Stocks **LISA STOCKS** 4-12-05 904-230-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #