2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S61531

1. Entity Name
JOHN M. MILLEDGE, P.A.

Principal Place of Business	Mailing Address
110 SE 6TH ST 15TH FLOOR FT. LAUDERDALE, FL 33301 US	110 SE 6TH ST 15TH FLOOR FT. LAUDERDALE, FL 33301 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0275065	Not Applicable

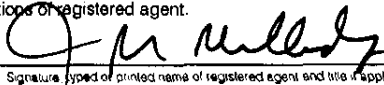5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLEDGE, JOHN M
110 SE 6TH ST
15TH FLOOR
FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

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 _____

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

DATE 1/5/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLEGE, JOHN M
STREET ADDRESS	110 SE 6TH STREET, 15TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

TITLE	ST
NAME	MILLEDGE, JOHN M
STREET ADDRESS	110 SE 6TH STREET, 15TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

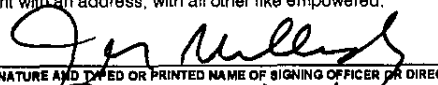| TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000579691
01/10/07-8001-7-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   1/5/07   954 741 8640

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

John M. Milledge