

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000052108

**Entity Name:** MILTON FAMILY INSURANCE INC.

**Current Principal Place of Business:**

234 DEL PRADO BLVD NORTH  
SUITE 2  
CAPE CORAL, FL 33909

**Current Mailing Address:**

234 DEL PRADO BLVD NORTH  
SUITE 2  
CAPE CORAL, FL 33909 US

**FEI Number:** 87-1070229

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DODSON, DOUGLAS A II  
3896 HIDDEN ACRES CIRCLE NORTH  
NORTH FORT MYERS, FL 33903 US

*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

**Officer/Director Detail :**

Title P  
Name MILTON, KELLI H  
Address 234 DEL PRADO BLVD NORTH  
SUITE 2  
City-State-Zip: CAPE CORAL FL 33909

*I hereby 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 all other like empowered.*

**SIGNATURE:** KELLI MILTON

**OWNER**

**02/20/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date