

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39832

Entity Name: MILTON J. WOOD FIRE PROTECTION, INC.**Current Principal Place of Business:**3805 FAYE ROAD
JACKSONVILLE, FL 32226**Current Mailing Address:**3805 FAYE ROAD
JACKSONVILLE, FL 32226**FEI Number:** 59-3055303**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOOD, MARK S
3805 FAYE ROAD
JACKSONVILLE, FL 32226 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	D
Name	WOOD, MARK S.
Address	3805 FAYE ROAD
City-State-Zip:	JACKSONVILLE FL 32226

Title	S
Name	NEMETH, ANNMARIE
Address	3805 FAYE ROAD
City-State-Zip:	JACKSONVILLE FL 32226

Title	D
Name	OGNJENOVIC, ZARKO
Address	3805 FAYE ROAD
City-State-Zip:	JACKSONVILLE FL 32226

Title	D, P
Name	BOZEMAN, ALBERT
Address	3805 FAYE ROAD
City-State-Zip:	JACKSONVILLE FL 32226

Title	D,VP
Name	TANKERSLEY, DAVID W
Address	3805 FAYE ROAD
City-State-Zip:	JACKSONVILLE FL 32226

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: ANNMARIE NEMETH**SECRETARY****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date