


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000087420</b> 1. Entity Name LABOR-COST MANAGEMENT, INC.	
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Principal Place of Business 225 TROY STREET FORT WALTON BEACH, FL 32548 US	Mailing Address 225 TROY STREET FORT WALTON BEACH, FL 32548 US
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**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3280071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MILAN, DONALD F  
 235 SHALIMAR DRIVE  
 SHALIMAR, FL 32579

**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: \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

U000000593764  
 01/22/07-80044-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILAN, DONALD F 235 SHALIMAR DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILAN, FRANK 2806 ARNOLD PALMER COURT SHALIMAR, FL 32579
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *DF Milan* 1-17-07 850-243-1088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #