

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087420

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LABOR-COST MANAGEMENT, INC.

**Current Principal Place of Business:**

225 TROY STREET  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 TROY STREET  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 59-3280071      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILAN, DONALD F  
235 SHALIMAR DRIVE  
SHALIMAR, FL 32579 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: MILAN, DONALD F  
Address: 235 SHALIMAR DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: PTD ( ) Delete  
Name: MILAN, FRANK  
Address: 2806 ARNOLD PALMER COURT  
City-St-Zip: SHALIMAR, FL 32579

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: MILAN, DONALD F  
Address: 235 SHALIMAR DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: GRAEF, CYNTHIA A  
Address: 6 SHAMROCK DRIVE  
City-St-Zip: MARY ESTER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD F. MILAN

VD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date