

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90384 010 ***150.00

DOCUMENT # 273202 1. Entity Name MILLER ENTERPRISES OF MANATEE, INC.					
Principal Place of Business 1001 3RD AVE WEST, STE. 350 BRADENTON FL 34205 US			Mailing Address 1001 3RD AVE WEST, STE. 350 BRADENTON FL 34205 US		
2. Principal Place of Business Suite, Apt. #, etc. STE 300			3. Mailing Address Suite, Apt. #, etc. STE 300		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1055499 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MILLER C DONALD JR 1001 3RD AVE WEST, STE. 350 BRADENTON FL 34205	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MILLER, C. DONALD, JR. 1001 3RD AVE WEST, STE. 350 BRADENTON FL 34205		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VTS MILLER, HUGH D. 1001 3RD AVE WEST, STE. 350 BRADENTON FL 34205		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-15-04 Date	
941-748-3433 Daytime Phone #					