

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90010 037 ***150.00

DOCUMENT # 341891 1. Entity Name HANFORD & MILLER, INC.					
Principal Place of Business 1560 MIZELL AVE WINTER PARK, FL 32789			Mailing Address 1560 MIZELL AVE WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address 5817 Grant Ford Rd			
Suite, Apt. #, etc. 1625 Florentino Lane		Suite, Apt. #, etc. Gainesville, GA			
City & State Winter Park FL		City & State		01112004 Chg-P CR2E034 (10/03)	
Zip 32789		Country		4. FEI Number 59-1318217	
Zip 30506		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLUSKEY, ROY D 1560 MIZELL AVE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 1625 Florentino Lane City Winter Park FL Zip Code 32789		
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			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MCCLUSKEY, ROY D 1560 MIZELL AVE. WINTER PARK, FL 32789 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOGGS, JUDITH A. 255 SUNDOWN WAY DAWSONVILLE, GA ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLUSKEY, SANDRA 1560 MIZELL AVE. WINTER PARK, FL 32789 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMMONS, KATHY 5817 GRANT FORD ROAD GAINESVILLE, GA 30506 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOGGS, WILLIAM L 255 SUNDOWN WAY DAWSONVILLE, GA 30534 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: Kathy Clemmons Kathy Clemmons 1-15-04 770-536-6309 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					