


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 348465

1. Entity Name
ANDREW P. MILLER, INC.



Principal Place of Business 405 S.9TH STREET P.O. BOX 491236 LEESBURG, FL 34749-1236 US	Mailing Address 405 S.9TH STREET P.O. BOX 491236 LEESBURG, FL 34749-1236 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1263680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER, CHARLES G.
 405 S.9TH STREET
 LEESBURG, FL 34748**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, CHARLES G. 405 S. 9TH STREET LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, ANDREW P. JR. 405 S. 9TH ST. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLER, DIANE A 405 S 9TH ST LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, ANDREW P. JR. 405 S. 9TH ST. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/09/04-80008-008 150.00

DO NOT WRITE IN THIS SPACE

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: Charles G. Miller **Charles G. Miller** **1-5-04** **352-787-9826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #