


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 348465

1. Entity Name
ANDREW P. MILLER, INC.



Principal Place of Business Mailing Address

405 S.9TH STREET **405 S.9TH STREET**
P.O. BOX 491236 **P.O. BOX 491236**
LEESBURG, FL 34749-1236 US **LEESBURG, FL 34749-1236 US**



DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1263680 Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____ 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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01/06/05-80012-007 150.00

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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** **1-3-05** **352-787-9826**

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