


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 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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01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1263680	Applied For 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

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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, 2006 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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 01/11/06-80025-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 1-4-06 352 787-9826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #