

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90368 017 ***150.00

DOCUMENT # L94801

1. Entity Name
MILLAR-FARVIEW CORP.



Principal Place of Business
2419 AVON-GENESE RD.
AVON, NY 14414

Mailing Address
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 US

12004403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0228987

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLAR, STEWART
305 QUAILS RUN PASS
WINTER HAVEN, FL 33884

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

Signature, typed or printed name of registered agent and title if applicable.

(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
DPS
MILLAR, STEWART
305 QUAILS RUN PASS
WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MILLAR, JAMES
2419 AVON-GENESE RD.
AVON, NY 14414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~VT~~
~~MACKAIL, RON~~
~~636 US HIGHWAY ONE, STE. 118~~
~~N. PALM BEACH, FL 33408~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Stewart Millar STEWART MILLAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04
Date

(863) 318 1423
Daytime Phone #