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## **2004 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # N18619

**FILED** May 03, 2004 8:00 am Secretary of State

Section of Business   Section   Se	1. Entity Nam MILL CRE		OCIATION, INC.							05-03	<b>3-</b> 2004	1 90 / 28 02	23 *****	61.25	
Suite Apt #, etc.    Suite Apt #, etc.   Suite   Cry & State   Cry & State   A. FEI Number 65-0035761   Many Applicable For 65-00357	9115 58TH DR. 9115 58TH DR. STE. A						5		 			/2 <b>848</b> /2 818/1 81 <b>8</b> /1			<b>i</b> l
City & State    City & State   City & City & State   City & City	Principal Place of Business     3. M				ailing Address										
Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   St. 75 Against Pee Required   St. Certificate of Status Desired   St. 75 Against Pee Required   St. Certificate of Status Desired   St. 75 Against Pee Required   St. Certificate of Status Desired   St. 75 Against Pee Required   St. Certificate of Status Desired   St. 75 Against Pee Required   St. Certificate of Status Desired   St. Certificate	Suite, Apt. #, etc.				Suite, Apt. #, etc.				04222004	Chg-Ni	Þ	CR2E03	7 (10/03	)	
S. Certificate of Status Desired   Fee Required   F	City & State			Cit	City & State								-		
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STEP A DRIED SATE IN DR. E.  STEP A BRADENTON, FL 34202  The obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. I am familiar with, and accept the obligations of Planting State of Florida. I am familiar with, and accept the obligations of Planting State of Floridas State of Floridas State of Flo	LEOVEN						Name								
Eity FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar wiln, and accept the obligations of registered agent.  SIGNATURE  Signature, byte or printed senie of registered agent and title if applicable.  ONTE Pegateved Agent signature recurred agent, or both, in the State of Florida. I am familiar wiln, and accept the obligations of registered agent.  ONTE Pegateved Agent signature recurred agent, or both, in the State of Florida. I am familiar wiln, and accept the obligations of registered agent.  SIGNATURE  FHIng Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE PD Delete  TITLE NAME SIRELA ADDRESS, LINDA SIRELA ADD	9115 58TH DR. E.						Street A	ddress (I	P.O. Box Numb	er is Not Ad	cceptabl	le)			:
8. The above named entity submiss 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, typard or printed reame of implatered agent and title if explicable. (NOTE: Registered Agent signature requires when reinstating)   DATE	BRADENT	ON, FL 3	4202												
SIGNATURE    Piling Fee is \$61.25   Due by May 1, 2004   Due by May 2, 2	<u></u>														
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remarkable)   Filling Foe is \$81.25   Due by May 1, 2004   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make Check payable to Florida Department of State				t for the purp	ose of changing its	register	ed office or	register	ed agent, or bo	th, in the Si	tate of FI	lorida. I am f	amiliar wi	th, and ac	cept
Trust Fund Contribution	SIGNATURE	Signature, typed	or printed name of registered ag	gent and title if app	olicable. (NOT	E: Registere	d Agent signate	ure required	when reinstating)			DATE			-
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CITY-ST-ZIP  BRADENTON; FL  CITY-ST-ZIP  TITLE NAME SANDERS, LINDA SANDERS, LINDA SANDERS, LINDA SANDERN ROAD BRADENTON, FL  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS C	TITLE	PD by N	Aay 1, 2004 OFFICERS AND	DIRECTORS	Trust Fund (	mpaign F Contribut	ion.		\$5.00 May E Added to Fees		Flo	lake check rida Depart	ment of	State IN 10	dition
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I nereby certify that the information supplied with this filling 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 617, 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:** 

Linda Sauden SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-753-7851