


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90270 037 \*\*\*150.00

**DOCUMENT # P01000008407**

1. Entity Name  
 BOND & MEL MILLARD ENTERPRISES, INC.



Principal Place of Business: 1955 NE 249 ST, N MIAMI, FL 33181

Mailing Address: 99 N POST OAK LANE, APT 4108, HOUSTON, TX 77024

*1127 Boca Cove Lane* | *3230 Stirling Road*  
*Highland Beach, FL 33487* | *SUITE 1*  
*Palm Beach* | *Hollywood, FL 33021*  
*Broward*

**DO NOT WRITE IN THIS SPACE**



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1070455 Applied For:  Not Applicable:

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS, ESQ.  
 3230 STIRLING RD STE 1  
 HOLLYWOOD, FL 33021

**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, 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	D
NAME	MILLARD, WILLIAM BOND
STREET ADDRESS	99 N POST OAK LN, APT 4108
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Change of Address*  
*1127 Boca Cove Lane*  
*Highland Beach, FL 33487*

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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, withal other like empowered.

SIGNATURE: *[Signature]* Date: *4/15/04* Daytime Phone #: *3059871007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR