


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90257 047 ***150.00

| | | | | | | | |
|--|--------------------------|--|--|--|--|----|----------|
| DOCUMENT # P01000008407 | | | |  | | | |
| 1. Entity Name BOND & MEL MILLARD ENTERPRISES, INC. | | | | | | | |
| Principal Place of Business 1127 BOCA COVE LANE HIGHLAND BEACH, FL 33487 | | Mailing Address 3230 STIRLING RD STE 1 HOLLYWOOD, FL 33021 | | | | | |
| 2. Principal Place of Business 1100 S.E. 500 COURT | | 3. Mailing Address SAME | | | | | |
| Suite, Apt. #, etc. #62 | | Suite, Apt. #, etc. | | | | | |
| City & State POMPANO BEACH, FLORIDA | | City & State | | 4. FEI Number 65-1070455 | | | |
| Zip 33060 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| ENGELBERG, MORRIS ESQ 3230 STIRLING RD STE 1 HOLLYWOOD, FL 33021 | | | 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 <u>Boy Millard</u> | | | DATE <u>4/10/05</u> | | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | P, S, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MILLARD, WILLIAM BOND | | NAME | MILLARD, WILLIAM BOND | | | |
| STREET ADDRESS | 1127 BOCA COVE LANE | | STREET ADDRESS | 1100 S.E. 5 COURT, #62 | | | |
| CITY-ST-ZIP | HIGHLAND BEACH, FL 33487 | | CITY-ST-ZIP | POMPANO BEACH, FL 33060 | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D, T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | NAME | MILLARD, MELENEY GRACE | | | |
| STREET ADDRESS | | | STREET ADDRESS | 11702 COBBLESTONE DRIVE | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | HOUSTON, TX 77024 | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 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: <u>Boy Millard</u> | | | Date | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | | | |

50041904



03142005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable