2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90342 019 ***150.00

DOCUMENT # P01000030534

1. Entity Name

DAN MILLER ENTERPRISE, INC.

Principal Place of Business	Mailing Address
4429 WORCESTER RD SARASOTA FL 34231	P. O. BOX 503 OSPREY FL 34229

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1305 Greenfield Cr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Venice Fl	
City & State	City & State
Zip 34292 Country USA.	Zip Country

4. FEI Number 65-0481625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, DANIEL E 4429 WORCESTER RD. SARASOTA FL 34231	Name Miller Daniel E Street Address (P.O. Box Number is Not Acceptable) 1305 Greenfield Cr Venice Fl City FL Zip Code 34292

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, DANIEL E 4429 WORCHESTER DR SARASOTA FL 34231	☐ Delete		☐ 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: Daniel A Miller 4-1-04 941 724 0235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #