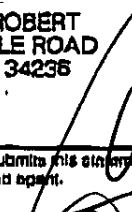
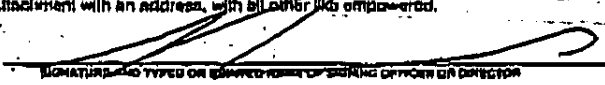


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-10-2004 90470 036 ***150.00

5/10

DOCUMENT # P01000103185			
1. Entity Name MILLER WARD, INC.			
Principal Place of Business 1225 FRUITVILLE ROAD SARASOTA FL 34236		Mailing Address 1225 FRUITVILLE ROAD SARASOTA FL 34236	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SETH-WARD, ROBERT 1225 FRUITVILLE ROAD SARASOTA FL 34236		7. Name and Address of New Registered Agent Name <u>Chad Gates</u> Street Address (P.O. Box Number is Not Acceptable) <u>1680 Fruitville Rd Suite 102</u> City <u>Sarasota</u> FL Zip Code <u>34236</u>	
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 <u>5/28/04</u>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when non-binding)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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	D SETH-WARD, ROBERT 1225 FRUITVILLE ROAD SARASOTA FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Miller, Mark S 1225 Fruitville Rd Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 info empowered.			
SIGNATURE: 		DATE <u>4-27-04</u>	
Signature, typed or printed name of signing officer or director		DATE	

66426134



MOORE CR2E034 (11/03)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

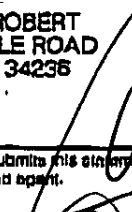
7. Name and Address of New Registered Agent

Name Chad Gates

Street Address (P.O. Box Number is Not Acceptable)

1680 Fruitville Rd Suite 102City Sarasota FL Zip Code 34236

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 5/28/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when non-binding)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$350.00

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

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