

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90392 009 ***150.00

DOCUMENT # P02000128264



1. Entity Name
MILLAM INSURANCE & INVESTMENTS, INC.

Principal Place of Business Mailing Address
1079 ATLANTIC BLVD STE 8 **1079 ATLANTIC BLVD STE 8**
ATLANTIC BEACH FL 32233 **ATLANTIC BEACH FL 32233**

2. Principal Place of Business 1122 Third Street Suite, Apt. #, etc. Suite 2 City & State Neptune Beach, FL Zip 32266 Country USA	3. Mailing Address 1122 Third Street Suite, Apt. #, etc. Suite 2 City & State Neptune Beach, FL Zip 32266 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number **03-0494489** Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILLAM, MICHAEL J
1079 ATLANTIC BLVD STE 8
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent
Name **Michael J. Millam**
Street Address (P.O. Box Number is Not Acceptable)
1122 Third Street
Suite 2
City **Neptune Beach** FL Zip Code **32266**

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 *Michael J. Millam* **Michael J. Millam** **4/14/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE ST <input type="checkbox"/> Delete	NAME MILLAM, BARBARA J
STREET ADDRESS 1079 ATLANTIC BLVD, #8	CITY-ST-ZIP ATLANTIC BEACH FL 32233
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Barbara J. Millam
STREET ADDRESS 1122 Third Street #2	CITY-ST-ZIP Neptune Beach, FL 32266
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
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 I am empowered.

SIGNATURE: *Michael J. Millam* **Michael J. Millam** **4/14/04** **9042494837**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #