## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000128264**

1. Entity Name

MILLAM INSURANCE & INVESTMENTS, INC.



Principal Place of Business

1122 THIRD STREET

SUTIE 2

NEPTUNE BEACH, FL 32266

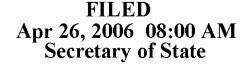
Matting Address

1122 THIRD STREET

SUTIE 2

DO NOT WRITE IN THIS SPACE

NEPTUNE BEACH, FL 32265





04202006

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0494489

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MILLAM, MICHAEL J 1122 THIRD STREET SUITE 2

SIGNATURE:

NEPTUNE BEACH, FL 32266

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE.	Sgnature, typed or printed name of registered agent and title is	i applicable.	(NOTE, Registered Age	ent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		mpaign Financin Contribution	<b>"</b> [	\$5.00 May Be Added to Fees	U00000535949 05/08/06-80072-018 150.00
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLAM, BARBARA J 1122 THIRD STREET # 2 NEPTUNE BEACH, FL 32268		••• •••			• •
TITLE NAME SIFEET ADDRESS CITY-ST-ZIF						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 it 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 507, 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.						

NAME OF SIGNING OFFICER OR DIRECTOR