


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000147938	
1. Entity Name GEORGE MCMILLAN, INC.	

Principal Place of Business 1725 MAIN STREET FORT MYERS BEACH, FL 33931	Mailing Address 1725 MAIN STREET FORT MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0454277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCMILLAN, GEORGE
1725 MAIN STREET
FORT MYERS BEACH, FL 33931**

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IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	MCMILLAN, GEORGE
NAME	1725 MAIN STREET
STREET ADDRESS	FORT MYERS BEACH, FL 33931
CITY - ST - ZIP	
TITLE VP	MCMILLAN, GEORGE JR
NAME	1725 MAIN STREET
STREET ADDRESS	FORT MYERS BEACH, FL 33931
CITY - ST - ZIP	
TITLE SEC	SHAW, JAMES
NAME	1725 MAIN STREET
STREET ADDRESS	FORT MYERS BEACH, FL 33931
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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01/21/05-80036-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George McMillan 1/5/05 2751613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #