

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 029 ***150.00

DOCUMENT # P04000008431

1. Entity Name

ML MILLER CARPET AND VINYL INSTALLATION, INC.



Principal Place of Business
 1995 HEDDEN PLACE
 VERO BCH FL 32966

Mailing Address
 1995 HEDDEN PLACE
 VERO BCH FL 32966

2. Principal Place of Business

3. Mailing Address

PO Box 651304

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

City & State
Vero Beach FL

4. FEI Number

14-1903281

Applied For

Not Applicable

Zip

Country

Zip

Country

32965 Indian River

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, MARK L
 1995 HEDDEN PLACE
 VERO BCH FL 32966

Name

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

City

FL

Zip Code

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

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, 2006 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	O	<input type="checkbox"/> Delete
NAME	MILLER, MARK L	
STREET ADDRESS	1995 HEDDEN PLACE	
CITY-ST-ZIP	VERO BCH FL 32966	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, EDWIN ANDREW	
STREET ADDRESS	PO BOX 651304	
CITY-ST-ZIP	VERO BEACH FL 32965	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORIN, DEBRA J	
STREET ADDRESS	PO BOX 651304	
CITY-ST-ZIP	VERO BEACH FL 32965	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 Section 119, 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: *Mark Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

772 538 6478

Daytime Phone #