



2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 15, 2005 8:00 am
Secretary of State

05-05-2005 90098 012 ***150.00

DOCUMENT # P04000022449					
1. Entity Name JOHN MILLS QUALITY RENOVATIONS INC.					
Principal Place of Business P.O. BOX 431536 BIG PINE KEY, FL 33043 US			Mailing Address P.O. BOX 431536 BIG PINE KEY, FL 33043 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 270089733	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For NOT APPLICABLE	
6. Name and Address of Current Registered Agent LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST SUITE 675 MIAMI, FL 33130				7. Name and Address of Prior Registered Agent	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE	NAME
	PRES	MILLS, JOHN B	P.O. BOX 431536		
		BIG PINE KEY, FL 33043			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(k), 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:  JOHN B. MILLS Pres. 4-27-05					