

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 047 ***150.00



DOCUMENT # P05000010193			
1. Entity Name MILLMAN ENTERPRISES, INC.			
Principal Place of Business 75 ERIC DRIVE PALM COAST, FL 32164		Mailing Address 75 ERIC DRIVE PALM COAST, FL 32164	
2. Principal Place of Business - No P.O. Box # 3027 KEY HARBOR DRIVE		3. Mailing Address 3027 KEY HARBOR DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAFETY HARBOR FL		City & State SAFETY HARBOR FL	
Zip 34695	Country USA	Zip 34695	Country
6. Name and Address of Current Registered Agent MILLMAN, JENNIFER 75 ERIC DRIVE PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name Matthew Willman Street Address (P.O. Box Number is Not Acceptable) 3027 KEY HARBOR DRIVE City SAFETY HARBOR FL Zip Code 34695	
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 <i>[Signature]</i> DATE 4/9/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PTD MILLMAN, MATTHEW 75 ERIC DRIVE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 3027 KEY HARBOR DR SAFETY HARBOR FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MILLMAN, JENNIFER 75 ERIC DRIVE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 3027 KEY HARBOR DR SAFETY HARBOR FL 34695
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*