

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

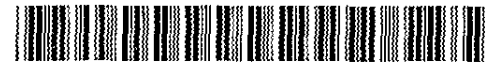
DOCUMENT # P94000008837

1. Entity Name
MILLER FLORIDA HOMES, INC.



Principal Place of Business
3634 GAVIOTA DR.
RUSKIN, FL 33573

Mailing Address
3634 GAVIOTA DR.
RUSKIN, FL 33573



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0476405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, MICHAEL L
3634 GAVIOTA DR.
RUSKIN, FL 33573

**DO NOT WRITE
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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MILLER, MICHAEL L
614 SUPERIOR AVE., N.W.
CLEVELAND, OH 44113

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MILLER, MICHAEL
3634 GAVIOTA DR
RUSKIN, FL 33573

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
MILLER, MICHAEL L
614 SUPERIOR AVE. N.W.
CLEVELAND, OH 44113

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000103375
04/05/04-80053-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #