

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069936

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** MILLER MARINE YACHT SERVICES, INC.

**Current Principal Place of Business:**

7141 GRASSY POINT ROAD  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 842  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 59-3471050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, WILLIAM MICHAEL  
7513 TALMADGE AVENUE  
SOUTHPORT, FL 32409 US

**Name and Address of New Registered Agent:**

MILLER, WILLIAM MICHAEL PRES  
7513 TALMADGE AVENUE  
SOUTHPORT, FL 32409 US

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.

SIGNATURE: MIKE MILLER

03/17/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MILLER, WILLIAM MICHAEL  
Address: 7513 TALMADGE AVENUE  
City-St-Zip: SOUTHPORT, FL 32409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MILLER

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date