

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000052636**

1. Entity Name  
**B MILLER LINTELS, INC**



Principal Place of Business  
**8320 241ST STREET EAST  
MYAKKA CITY, FL 34251**

Mailing Address  
**8320 241ST STREET EAST  
MYAKKA CITY, FL 34251**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **04-3655735** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIZEMORE, MARY JANE  
3901 BAHIA VISTA ST - #319  
SARASOTA, FL 34232**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**\$5.00 May Be  
Added to Fees**

**000000402097  
02/02/06 90071-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **MILLER, BRIAN L**  
STREET ADDRESS **8320 241ST STREET EAST**  
CITY-ST-ZIP **MYAKKA CITY, FL 34251**

TITLE **D**  
NAME **MILLER, TERRY L**  
STREET ADDRESS **9319 DELFT ROAD**  
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **D**  
NAME **MILLER, CHRIS**  
STREET ADDRESS **1203 CORNISH ST**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Brian Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/06*  
DATE

*941322-27V*  
DAYTIME PHONE #