

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 348465

**Entity Name:** ANDREW P. MILLER, INC.

**Current Principal Place of Business:**

405 S.9TH STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

405 S.9TH STREET  
LEESBURG, FL 34748 US

**FEI Number:** 59-1263680

**Certificate of Status Desired:** No

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

MILLER, CHARLES GPRES.  
405 S.9TH STREET  
LEESBURG, FL 34748 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name MILLER, CHARLES GPD  
Address 405 S. 9TH STREET  
City-State-Zip: LEESBURG FL 34748

Title VD  
Name MILLER, ANDREW PVD  
Address 405 S. 9TH ST.  
City-State-Zip: LEESBURG FL 34748

Title SD  
Name MILLER, DIANE ASD  
Address 405 S 9TH ST  
City-State-Zip: LEESBURG FL 34748

Title TD  
Name MILLER, DIANE ATD  
Address 405 S. 9TH ST.  
City-State-Zip: LEESBURG FL 34748

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLES G. MILLER

PD

01/05/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date