



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90093 014 ***158.75

DOCUMENT # 197739					
1. Entity Name MILLER BEARINGS, INC.					
Principal Place of Business 17 S. WESTMORELAND DRIVE ORLANDO, FL 32805			Mailing Address 17 S. WESTMORELAND DRIVE ORLANDO, FL 32805		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04062005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-0788465		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ETHERIDGE, EDNA R 803 LAKE ADAIR BL N ORLANDO, FL 32804			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <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, 2005 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	PDST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FABER, CRAIG O		NAME		
STREET ADDRESS	2211 CROSS LAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	BELLE ISLE, FL 32809		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUAZO, BEN		NAME		
STREET ADDRESS	7553 WOODBRIAR CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCATO, RAYMOND		NAME		
STREET ADDRESS	932 COOL SPRINGS CIR.		STREET ADDRESS	13618 Fox Glove St.	
CITY-ST-ZIP	OCOOE, FL 34761		CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEARS, LYNNE E		NAME		
STREET ADDRESS	P.O. BOX 394		STREET ADDRESS	1201 Stetson St.	
CITY-ST-ZIP	PLYMOUTH, FL 32768		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ETHERIDGE, EDNA R		NAME		
STREET ADDRESS	803 LAKE ADAIR BLVD. N.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, KEITH D		NAME		
STREET ADDRESS	4209 BROOKE DR.		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>C. O. T. / PRESIDENT</u>			Date: <u>4/7/05</u> Daytime Phone #: <u>407-425-9078</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40056441

2005 Uniform Business Report (UBR)

Miller Bearings, Inc.

Document #197739

Additional Officer and Director

Title: D
Name: Schumacher, Glen A.
Street Address: 4591 South Hampton Dr.
City-ST-Zip: Orlando, Fl 32812-5936

Title: CD
Name: Anderson, Richard B.
Street Address: 1273 Sara Court
City-ST-Zip: Winter Park, Fl 32789

Title: D
Name: Matthews, Owen
Street Address: 2034 Cove Trail
City-ST-Zip: Winter Park, Fl 32789