2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 197739

Entity Name: MILLER BEARINGS, INC.

Current Principal Place of Business:

17 S. WESTMORELAND DRIVE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

17 S. WESTMORELAND DRIVE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-0788465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ETHERIDGE, EDNA R
803 LAKE ADAIR BL N
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PDST	( ) Delete
Name:	FABER, CRAIG O	
Address:	2211 CROSS LAKE ROAD	
City-St-Zip:	BELLE ISLE, FL 32809	
Title:	D	( ) Delete
Name:	SUAZO, BEN	
Address:	7553 WOODBRIAR CT	
City-St-Zip:	ORLANDO, FL 32835	
Title:	V	( ) Delete
Name:	BROCATO, RAYMOND	
Address:	13618 FOX GLOVE ST	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	SEARS, LYNNE E	
Address:	1201 STETSON ST	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	ETHERIDGE, EDNA R	
Address:	803 LAKE ADAIR BLVD. N.	
City-St-Zip:	ORLANDO, FL 32804	
Title:	V	( ) Delete
Name:	JOHNSON, KEITH D	
Address:	4209 BROOKE DR.	
City-St-Zip:	VALRICO, FL 33594	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CRAIG FABER PDST 04/07/2009

Electronic Signature of Signing Officer or Director — Date