2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236381

Name:

Address:

City-St-Zip:

MILLER, RUBY

PALM CITY, FL

5205 S.W. 69ST. ST

Entity Name: EDWARD MILLER AND SON INC

FILED Apr 29, 2009 Secretary of State

Littly Nai	iie. EDVVA	RD WILLER AND	SON INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	SAVAGE S Y, FL 34990						
Current Mailing Address:				New Mailing Address:			
P.O. DRAV STUART, I							
FEI Number: 59-6077545 FEI Number Applied F			oplied For()	FEI Number Not Applicable () Certificate of Status Desired ()			ired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
The above	SÝTH ST Y, FL 34990		itement for the p	urpose of changing i	ts registered	d office or registered ager	it, or both,
SIGNATUR			D : 1 1 1 1				
Election Car		ronic Signature of cing Trust Fund Cor		nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ST ATKINSON, 5240 SW 69 PALM CITY,	TH ST		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	355 S.W. RI	() Delete WARD TROY DGERAST UCIE, FL 34953		Title: Name: Address: City-St-Zip:	MILLER, ED 355 S.W. RI	(X) Change () Addition WARD TROY DGECREST DR. JCIE, FL 34953	
Title:	PD	() Delete		Title:		() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DENISE ATKINSON SEC. 04/29/2009