

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 263369

1. Entity Name
T. W. MILLER AND ASSOCIATES, INCORPORATED



Principal Place of Business Mailing Address

1299 PLUMOSA DRIVE **P.O. BOX 204**
FT. MYERS, FL 33901 US **FT. MYERS, FL 33902 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-0999433 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER JR, T W
1299 PLUMOSA DRIVE
FT MYERS, FL 33901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

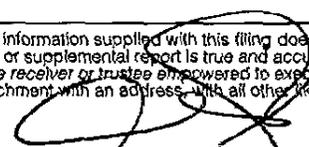
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 03/23/06-80015-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER JR, T W
STREET ADDRESS	1299 PLUMOSA DRIVE
CITY-ST-ZIP	FT MYERS, FL
TITLE	TD
NAME	BISHOP, DIANE W
STREET ADDRESS	809 GLENDALE ST
CITY-ST-ZIP	LAKELAND, FL
TITLE	SD
NAME	MILLER, MAVIS S
STREET ADDRESS	1299 PLUMOSA DRIVE
CITY-ST-ZIP	FT MYERS, FL
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 807, 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:  **3-16-06 239 334 4879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T W MILLER JR