

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90218 042 ***150.00

DOCUMENT # 296369

1. Entity Name

GUS MILLER REAL ESTATE, INC.



Principal Place of Business

Mailing Address

4600 PARKER ST. 350 E JACKSON ST. 4600 PARKER ST. 350 E JACKSON ST.
ORLANDO FL 32765 #1104 ORLANDO FL 32765 #1104
US ORLANDO, FL 32801 ORLANDO FL 32801



2. Principal Place of Business

350 E JACKSON ST.

3. Mailing Address

350 E JACKSON ST.

Suite, Apt. #, etc.

1104

Suite, Apt. #, etc.

1104

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32801

Country

ORANGE

Zip

32801

Country

ORANGE

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1087654

Applied For

Not-Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, GUSTAVE

4600 PARKER ST. 350 E JACKSON ST. #1104
ORLANDO FL 32765 ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

ORLANDO

FL

Zip Code

32801

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

Gustave A. Miller

PRESIDENT

04-17-06

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, GUSTAVE
STREET ADDRESS 4600 PARKER ST. 350 E JACKSON ST. #1104
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME MICHAELS, PAMELA
STREET ADDRESS 2514 TUSCARORA TR. 30 JASMINE DR.
CITY-ST-ZIP ORLANDO FL 32713-2452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Gustave A. Miller

04-17-06

(407) 275-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #