## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

changed, or on an attachment with ar

SIGNATURE

## Feb 27, 2004 8:00 am Secretary of State **DOCUMENT # 344434** 1. Entity Name MILLER MEATS INC Principal Place of Business Mailing Address 3311 W. MARITANA DRIVE ST. PETERSBURG FL 33706 US 3311 W. MARITANA DRIVE ST. PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address 29210 Hadlock Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) 4. FEI Number Applied For 59-1259293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, KIM 3311 W. MARITANA DRIVE ST. PETERSBURG FL 33706 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change : □ Addition ller, Pai NAME MILLER, LAWRENCE J MAME 210 Hadlock Drive 3307 W. MARITANA DRIVE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33706 CITY-ST-ZIP CITY-ST-ZIE eslev Chapel Fl TITLE ☐ Delete 🛣 Addition TITLE MILLER, DAVID NAME NAME 210 Hadlock Drive STREET ADDRESS 3307 W. MARITANA DRIVE STREET ADDRESS CITY-ST-ZIP ST, PETERSBURG FL 33706 CITY-ST-ZIF Dolete TITLE TITLE ☐ Change T. - -NAME MILLER, KIM STREET ADDRESS 3307 W. MARITANA DRIVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33706 CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE MILLER, VIRGINIA R NAME NAME 3307 W. MARITANA DRIVE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33706 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

FILED