

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 348465**

1. Entity Name  
**ANDREW P. MILLER, INC.**



Principal Place of Business  
**405 S.9TH STREET  
P.O. BOX 491236  
LEESBURG, FL 34749-1236 US**

Mailing Address  
**405 S.9TH STREET  
P.O. BOX 491236  
LEESBURG, FL 34749-1236 US**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1263680**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, CHARLES G.  
405 S.9TH STREET  
LEESBURG, FL 34748**

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MILLER, CHARLES G.
STREET ADDRESS	405 S. 9TH STREET
CITY - ST - ZIP	LEESBURG, FL
TITLE	VD
NAME	MILLER, ANDREW P. JR.
STREET ADDRESS	405 S. 9TH ST.
CITY - ST - ZIP	LEESBURG, FL
TITLE	SD
NAME	MILLER, DIANE A
STREET ADDRESS	405 S 9TH ST
CITY - ST - ZIP	LEESBURG, FL
TITLE	TD
NAME	MILLER, ANDREW P. JR.
STREET ADDRESS	405 S. 9TH ST.
CITY - ST - ZIP	LEESBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/11/06-80025-013 150.00

**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 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: **Charles G. Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-06 352 787-9826**

Date

Daytime Phone #