## 2008 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT (AR) Feb 26, 2008 8:00 am Secretary of State **DOCUMENT # 361701** 02-26-2008 90007 046 \*\*\*150.00 DONALD L.B. MILLER, INC. Principal Place of Business Mailing Address 1605 ROWE AVE 1605 ROWE AVE PO BOX 9538 JACKSONVILLE FL 32208-7538 PO BOX 9538 JACKSONVILLE FL 32208-7538 Principal Place of Business - No P.O. Box # 541039 U.S. Highway 1 3. Mailing Address P. O. Box 623 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Callahan, City & State 4. FEI Number Applied For 59-1289643 Callahan, FL Not Applicable Country Country \$8.75 Additional 32011 5. Certificate of Status Desired 32011 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Miller, Donald-L.B. MILLER, DONALD L.B. Street Address (P.O. Box Number is Not Acceptable) 541039 U.S. Highway 1 1605 RÓWE AVENUE JACKSONVILLE FL 32208 Zio32011 Callahan 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 2/4/08 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition Delete MILLER.DONALD L B NAME NAME 541039 U.S. Highway 1 1605 ROWE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Callahan, FL 32011 ST TITLE. ☐ Delete TITLE Change Addition NAME MILLER, ELIZABETH C NAME 541039 U.S. Highway 1 1605 ROWE AVE STREET ADDRESS STREET ADDRESS Callahan, FL 32011 CITY - ST - ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE Change TELL Delete ☐ Addition NAME ELEME MILLER, EL!ZABETH 541039 U.S. Highway 1 STREET ADDRESS STREET ADDRESS 1605 ROWE AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Callahan, FL 32011 Change ☐ Delete TITLE Addition THOMPSON, MARY KATE NAME NAME 541039 U.S. Highway 1 STREET ADDRESS 1605 BOWE AVE STREET ADDRESS JACKSONVILLE FL CITY-ST-2IP

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.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITE F

NAME STREET ADDRESS

Delete

☐ Delete

2/4/08

Callahan, FL 32011

904-879-2079

☐ Change

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Addition

☐ Addition