

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90043 008 ***158.75

DOCUMENT # 404008

1. Entity Name
W.G. MILLS, INC.



Principal Place of Business
3301 WHITFIELD AVENUE
SARASOTA, FL 34243-3314

Mailing Address
3301 WHITFIELD AVENUE
SARASOTA, FL 34243-3314

50032293



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1399897

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, STEVEN E.
3301 WHITFIELD AVENUE
SARASOTA, FL 34243

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME HENSEY, TIMOTHY
STREET ADDRESS 2806 SARASOTA GOLF CLUB BLVD
CITY-ST-ZIP SARASOTA, FL

TITLE PD
NAME SHARP, LEMUEL, III
STREET ADDRESS 4987 WINDSOR PARK
CITY-ST-ZIP SARASOTA, FL

TITLE CD
NAME MILLS, WALTER G.
STREET ADDRESS 3301 WHITFIELD AVE
CITY-ST-ZIP SARASOTA, FL

TITLE S
NAME BAKER, STEVEN E.
STREET ADDRESS 4007 73RD TERR E
CITY-ST-ZIP SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 authority, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Baker

3/28/05

941-758-6441