


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 460283**  
1. Entity Name  
**MILHART CONTRACTORS CORPORATION**



Principal Place of Business      Mailing Address  
3510 CRAFTSMAN BLVD              3510 CRAFTSMAN BLVD  
PO BOX 5498                          PO BOX 5498  
LAKELAND, FL 33807-5498 US      LAKELAND, FL 33807-5498 US

**DO NOT WRITE IN THIS SPACE**



01042005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1551746**      Not Applicable

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

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

HARRELL, WILLIAM Y.  
4910 LUCE RD.  
LAKELAND, FL 33813

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD
NAME	HARRELL, WILLIAM Y.
STREET ADDRESS	4910 LUCE RD
CITY - ST - ZIP	LAKELAND, FL
TITLE	DST
NAME	HARRELL, MARY E
STREET ADDRESS	4910 LUCE RD
CITY - ST - ZIP	LAKELAND, FL 338132328
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/15/05-80062-025 150.00

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**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 all other like empowered.

**SIGNATURE:** *William Y. Harrell*      04-13-05      (863) 665-1321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #