

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 543821</b> 1. Entity Name <b>MILLER SELLEN CONNER &amp; WALSH, INC.</b>																																																																																																																													
Principal Place of Business <b>4750 NEW BROAD STREET, SUITE 100 ORLANDO FL 32814</b>			Mailing Address <b>4750 NEW BROAD STREET SUITE 100 ORLANDO FL 32814</b>																																																																																																																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		4. FEI Number <b>59-1762052</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>																																																																																																																									
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent  <b>MILLER, STEPHEN R. 2038 FOREST CLUB DRIVE ORLANDO FL 32804</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																																																																																									
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>1-21-2005</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution.																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VPD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SELLEN, JAMES A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>450 JO AL CA AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WINTER PARK FL 32789</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PTDC</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, STEPHEN R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2038 FOREST CLUB DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32804</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALSH, KEVIN T.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9442 WICKHAM WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32836</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONNER, CAROL D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5110 JENNIFER PLACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32807</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRAZEE, NEIL C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3801 DONNA LYNN LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32817</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WARREN ERIC E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5363 CHISWICK CIRCLE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32812</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VPD	<input type="checkbox"/> Delete	NAME	SELLEN, JAMES A.		STREET ADDRESS	450 JO AL CA AVENUE		CITY - ST - ZIP	WINTER PARK FL 32789		TITLE	PTDC	<input type="checkbox"/> Delete	NAME	MILLER, STEPHEN R.		STREET ADDRESS	2038 FOREST CLUB DR		CITY - ST - ZIP	ORLANDO FL 32804		TITLE	VPD	<input type="checkbox"/> Delete	NAME	WALSH, KEVIN T.		STREET ADDRESS	9442 WICKHAM WAY		CITY - ST - ZIP	ORLANDO FL 32836		TITLE	VPD	<input type="checkbox"/> Delete	NAME	CONNER, CAROL D		STREET ADDRESS	5110 JENNIFER PLACE		CITY - ST - ZIP	ORLANDO FL 32807		TITLE	VP	<input type="checkbox"/> Delete	NAME	FRAZEE, NEIL C.		STREET ADDRESS	3801 DONNA LYNN LANE		CITY - ST - ZIP	ORLANDO FL 32817		TITLE	VP	<input type="checkbox"/> Delete	NAME	WARREN ERIC E.		STREET ADDRESS	5363 CHISWICK CIRCLE		CITY - ST - ZIP	ORLANDO FL 32812		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>1-21-2005</b> <span style="float: right;"><b>407-422-3830</b></span>																																																																																																																									