

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90172 028 ***158.75

DOCUMENT # 547560

1. Entity Name
ENGLAND, THIMS & MILLER, INC.



Principal Place of Business
14775 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

Mailing Address
14775 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

40025123



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1773930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, DOUGLAS C
14775 ST AUGUSTINE RD
JACKSONVILLE, FL 32258

**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 _____ (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 CSD
NAME MILLER, DOUGLAS C.
STREET ADDRESS 14775 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE PTD
NAME MATHEWS, N. HUGH
STREET ADDRESS 14775 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE EV
NAME TARVER, JOSEPH A.
STREET ADDRESS 14775 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE V
NAME CRAMMOND, JEFFREY A
STREET ADDRESS 14775 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE V
NAME CRISSINGER, SAMUEL R
STREET ADDRESS 14775 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 32258

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel R. Crissinger 672-8390