2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 564974

1. Entity Name
MCMILLAN, UNRUH & DAVIS, P.A.

Principal Place of Business	Mailing Address
701 E. COMMERCIAL BLVD 3RD FLOOR FORT LAUDERDALE, FL 33334	701 E. COMMERCIAL BLVD 3RD FLOOR FORT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1786606	Not Applicable

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

6. Name and Address of Current Registered Agent

UNRUH, JIM D
701 E. COMMERCIAL BLVD., 3RD FLOOR
FORT LAUDERDALE, FL 33334

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 _____

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   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VSD
NAME	UNRUH, JIM D
STREET ADDRESS	701 E. COMMERCIAL BLVD., 3RD FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334

TITLE	PTD
NAME	DAVIS, SUSAN
STREET ADDRESS	701 E. COMMERCIAL BLVD., 3RD FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334

U00000228371
02/14/05-80038-003 150.00

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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: _____Susan Davis_____   1/4/05   954 776 4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #