


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

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| DOCUMENT # 567326 1. Entity Name MILLER AGENCY, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 302 GARRISON AVE PORT ST. JOE, FL 32456 US | | | Mailing Address P.O. BOX 367 PORT ST. JOE, FL 32457-0367 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 204 ST. JOSEPH DRIVE | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | 4. FEI Number 59-1806585 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MILLER, JOHN LAMAR JR. 110 ST. JOSEPH DR. PORT ST. JOE, FL 32456 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 204 ST. JOSEPH DRIVE City FL 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 <u><i>John L. Miller Jr.</i></u> PRES. DATE <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, JOHN LAMAR JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>110 ST JOSEPH DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PT. ST. JOE, FL</td> <td></td> </tr> </table> | | | TITLE | PST | <input type="checkbox"/> Delete | NAME | MILLER, JOHN LAMAR JR | | STREET ADDRESS | 110 ST JOSEPH DRIVE | | CITY-ST-ZIP | PT. ST. JOE, FL | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">204 ST. JOSEPH DRIVE</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PORT ST. JOE, FL. 32456</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> | | | TITLE | 204 ST. JOSEPH DRIVE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | PORT ST. JOE, FL. 32456 | | 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: <u><i>John L. Miller Jr.</i></u> PRES. <u>JOHN L. MILLER, JR.</u> DATE <u>4/27/05</u> DAYTIME PHONE # <u>850/653-9521</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |