


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004967	
1. Entity Name MILLSWAY PROPERTIES GP, INC.	

Principal Place of Business 11215 SHADY TRAIL DALLAS, TX 75229	Mailing Address 11215 SHADY TRAIL DALLAS, TX 75229
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1030348	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARKER, LETHA 161 CHERRY LAUREL PALM HARBOR, FL 34683	DO NOT WRITE IN THIS SPACE
7. 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>Letha Marker</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, ANTHONY D 11215 SHADY TRAIL DALLAS, TX 75229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROADWAY, JOHN T 11215 SHADY TRAIL DALLAS, TX 75229
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02/22/05-B0004-006 158.75

DO NOT WRITE
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)(f), 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, 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>Letha Marker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>02/07/05</u> 972-464-3734 <small>Daytime Phone #</small>