

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90057 030 ***150.00

DOCUMENT # F05000006041

1. Entity Name
MILLER DESIGN, INC.



Principal Place of Business
**6631 MALONEY AVE
KEY WEST, FL 33040**

Mailing Address
**1122 WHITEHEAD ST
KEY WEST, FL 33040**

20007945



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-3523056

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, SUSAN
1122 WHITEHEAD ST.
KEY WEST, FL 33040**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
MILLER, MARK R
1122 WHITEHEAD ST
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
MILLER, SUSAN S.
1122 WHITEHEAD ST.
KEY WEST, FL 33040** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCVP
MILLER, SUSAN S
1122 WHITEHEAD ST
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCVP
MILLER, MARK R
1122 WHITEHEAD ST.
KEY WEST, FL 33040** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MILLER, SUSAN S
1122 WHITEHEAD ST
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Miller **SUSAN MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 MAR 07

Date

305-295-

8061

Daytime Phone #