

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90067 044 \*\*\*150.00

**DOCUMENT # F49279**

1. Entity Name

MILLER REAL ESTATE ASSOCIATES, INC.



Principal Place of Business

201 ROCKEFELLER DR "C"  
ORMOND BEACH FL 32176  
US

Mailing Address

40 RIVERSIDE DR.  
ORMOND BEACH FL 32176  
US

2. Principal Place of Business

53 ROCKEFELLER DR

3. Mailing Address

Suite, Apt. #, etc.

"A"

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

Zip

32176

Country

USA

Zip

Country

4. FEI Number

59-2133346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MARVIN  
201 ROCKEFELLER DR "C"  
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	MILLER, MARVIN	
STREET ADDRESS	201 ROCKEFELLER DR "C"	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MILLER, ANDREW T	
STREET ADDRESS	474 DRUID CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	53 ROCKEFELLER DR "A"	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	275 JOHN ANDERSON	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

MARVIN MILLER

2/18/04 38677-3002

Date

Daytime Phone #