

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F58921

1. Entity Name

MILLER WOODCRAFT, INC.

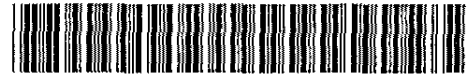


Principal Place of Business

1210 STIRLING ROAD
SUITES 1A AND 1B
DANIA FL 33004

Mailing Address

1210 STIRLING ROAD
SUITES 1A AND 1B
DANIA FL 33004



1st MOORE

CR2E034 (10/06)

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

1210 STIRLING ROAD

Suite, Apt. #, etc.

SUITE 1A + 1B

City & State

DANIA BEACH FL

Zip

33004

Country

USA

3. Mailing Address

1210 STIRLING ROAD

Suite, Apt. #, etc.

SUITE 1A + 1B

City & State

DANIA BEACH FL

Zip

33004

Country

USA

4. FEI Number

59-2281162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLER, DEBRA
447 N.W. 107 AVE
CORAL SPRINGS FL 33071

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, 2007 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: STD ☐ Delete
NAME: MILLER, DEBRA
STREET ADDRESS: 447 N.W. 107 AVE
CITY- ST- ZIP: CORAL SPRINGS FL 33071

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

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NAME: ☐ Delete
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TITLE: ☐ Delete
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CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add

NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY- ST- ZIP: ☐ Change ☐ Add

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY- ST- ZIP: ☐ Change ☐ Add

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STREET ADDRESS: ☐ Change ☐ Add
CITY- ST- ZIP: ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

954-584-0200

Daytime Phone #