


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F63024</b> 1. Entity Name W.G. MILLS, INC OF BRADENTON	
--	---

Principal Place of Business 3301 WHITFIELD AVENUE SARASOTA, FL 34243	Mailing Address 3301 WHITFIELD AVENUE SARASOTA, FL 34243
--	--

**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2244208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
SHARP, III LEMUEL  
3301 WHITFIELD AVENUE  
SARASOTA, FL 34243

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000123943 04/22/04-60026-001 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHARP, LEMUEL, III 4987 WINDSOR PARK SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MILLS, WALTER G. 3301 WHITFIELD AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HENSEY, TIMOTHY 2806 SARASOTA GOLF CLUB BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAKER, STEVEN E 4007 73RD TERRACE E SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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:  **STEVEN E BAKER** 4/19/04 941-907-8044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #