

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90705 041 \*\*\*150.00

**DOCUMENT # F74547**

1. Entity Name

MILLER MILLS, INC.



Principal Place of Business

1334 N FEDERAL HWY  
DELRAY BCH. FL 33483-9437

Mailing Address

1334 N FEDERAL HWY  
DELRAY BCH. FL 33483-9437

44043310



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 06-1061381

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCRAE, MITCHELL T P.A.  
6274 LINTON BLVD.  
SUITE 100  
DELRAY BEACH FL 33484

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 D ☒ Delete  
NAME MILLER, MARVIN  
STREET ADDRESS 9753 MAJESTIC WAY  
CITY-ST-ZIP BOYNTON BCH FL

TITLE S ☒ Delete  
NAME MILLER, HARRIET  
STREET ADDRESS 9753 MAJESTIC WAY  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE P ☐ Delete  
NAME MILLER, STEVEN  
STREET ADDRESS 8670 KIMBLE WAY  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Miller, Steven  
STREET ADDRESS 8670 Kimble Way  
CITY-ST-ZIP Boca Raton, FL 33432

TITLE S ☒ Change ☐ Addition  
NAME Miller, Steven  
STREET ADDRESS 8670 Kimble Way  
CITY-ST-ZIP Boca Raton, FL

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

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

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

TITLE ☐ Change ☐ 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 reports 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

Date

Daytime Phone #

4-30-04

561-272-7424