

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002196

Entity Name: MILLS DISTRIBUTORS, INC.

FILED
Mar 15, 2005
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 850144
MOBILE, AL 366850144

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 850144
MOBILE, AL 366850144

New Mailing Address:

FEI Number: 63-0920440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, WILLIAM W JR.
3381 BILL METZGER W
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLS, WILLIAM W SR.
Address: 30 MAURY DR.
City-St-Zip: MOBILE, AL 36606

Title: VP () Delete
Name: MILLS, JOHN M
Address: 3507 N. BROKEN BOW
City-St-Zip: BIRMINGHAM, AL 35242

Title: S () Delete
Name: MILLS, TIMOTHY H
Address: 7292 CARSON RD.
City-St-Zip: MOBILE, AL 36695

Title: T () Delete
Name: MILLS, WILLIAM W JR.
Address: 4625 SHANNON CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: MILLS, JOHN C
Address: 5534 NASSAU DR.
City-St-Zip: MOBILE, AL 36608

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: POLLMAN, MARY M
Address: 3711 SWANEAS DR
City-St-Zip: MOBILE, AL 36608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. MILLS

PRES

03/15/2005

Electronic Signature of Signing Officer or Director

_____ Date