
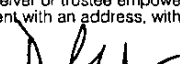


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90199 002 \*\*\*150.00

<b>DOCUMENT # F95000003197</b> 1. Entity Name <b>MILL'S PRIDE, INC.</b>					
Principal Place of Business <b>250 S AUSTRALIAN AVE 13TH FLOOR WEST PALM BEACH, FL 33401 US</b>			Mailing Address <b>C/O TAX DEPARTMENT 21001 VAN BORN ROAD TAYLOR, MI 48180-1340 US</b>		
2. Principal Place of Business <b>2 Easton Oval</b>		3. Mailing Address  			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Columbus, OH</b>		City & State 		4. FEI Number <b>06-1241754</b>	
Zip <b>43219</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHIEFFE, THOMAS</b> <b>16052 INDUSTRIAL PKWY</b> <b>MIDDLEFIELD, OH 44062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEKLEY, JOHN R</b> <b>21001 VAN BORN RD</b> <b>TAYLOR, MI 481801340</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>WADHAMS, TIMOTHY</b> <b>21001 VAN BORN RD</b> <b>TAYLOR, MI 481801340</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT</b> <b>ROSOWSKI, ROBERT B</b> <b>21001 VAN BORN ROAD</b> <b>TAYLOR, MI 481801340</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-T-VP-AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>GARGARO, EUGENE A JR</b> <b>21001 VAN BORN ROAD</b> <b>TAYLOR, MI 481801340</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DORAN, DAVID A</b> <b>21001 VAN BORN ROAD</b> <b>TAYLOR, MI 481801340</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> 			<b>David A. Doran</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>2/16/05</b>		
			<small>Daytime Phone #</small> <b>313/274-7400</b>		