

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

112

05 JUN -9 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006662

1. Entity Name
MILLER FINANCIAL SERVICES GROUP, INC.



Principal Place of Business
8503 HILLTOP DR.
OOLTEWAH, TN 37363

Mailing Address
8503 HILLTOP DR.
OOLTEWAH, TN 37363



06062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1660086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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.

60005597236

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MISH, J. VINCENT
STREET ADDRESS 8503 HILLTOP DR.
CITY-ST-ZIP OOLTEWAH, TN 37363

TITLE VPD
NAME BADGLEY, JEFFREY I
STREET ADDRESS 8503 HILLTOP DR
CITY-ST-ZIP OOLTEWAH, TN 37363

TITLE SD
NAME MADONIA, FRANK
STREET ADDRESS 8503 HILLTOP DR
CITY-ST-ZIP OOLTEWAH, TN 37363

TITLE VP
NAME BAKER, WAYNE J
STREET ADDRESS 8503 HILLTOP DR.
CITY-ST-ZIP OOLTEWAH, TN 37363

TITLE VP
NAME CLARK, CRAIG S
STREET ADDRESS 8503 HILLTOP DR.
CITY-ST-ZIP OOLTEWAH, TN 37363

TITLE VP
NAME POOLE, MARTHA
STREET ADDRESS 8503 HILLTOP DR.
CITY-ST-ZIP OOLTEWAH, TN 37363

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Nadonia, VP

Date

Daytime Phone #

6/7/05 800-292-0330



CORPORATION SERVICE COMPANY

★ File First ★

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 416544 4333790

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pajaro

@

ORDER DATE : June 8, 2005

ORDER TIME : 11:08 AM

ORDER NO. : 416544-010

CUSTOMER NO: 4333790

CUSTOMER: Ms. Kelly A. Howley
Kilpatrick Stockton, LLP.
Suite 900
607 14th St. N.W.
Washington, DC 20005

ANNUAL REPORT FILING

NAME: MILLER FINANCIAL SERVICES
GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____

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05 JUN -9 PM 12:42
DIVISION OF CORPORATION