

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT #.F98000003267

1. Entity Name
M.C. MILLER CO.



Principal Place of Business
3020 AVIATION BLVD.
VERO BEACH, FL 32960

Mailing Address
3020 AVIATION BLVD.
VERO BEACH, FL 32960



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1777475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MARK
3020 AVIATION BLVD.
VERO BEACH, FL 32960

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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

Melvin C (Mark) Miller II
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/5/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME MILLER, MELVIN C II
STREET ADDRESS 3020 AVIATION BLVD.
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D
NAME HILBERTS, ALBERT
STREET ADDRESS 3020 AVIATION BLVD
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE S
NAME DECKER, STEPHANIE
STREET ADDRESS 3020 AVIATION BLVD
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/24/05-80069-019 150.00

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

Melvin C. Miller II 1/5/05 122949448
Date Daytime Phone #