

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # G00570	
1. Entity Name MILLS REALTY INC.	

Principal Place of Business 11213 SE 53RD CT BELLEVUE, FL 34421	Mailing Address PO BOX 1206 BELLEVUE, FL 34421-1206
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2218855	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MILLS, JOE JR 11213 SE 53RD CT BELLEVUE, FL 32620

**DO NOT WRITE
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.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	04/23/04
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

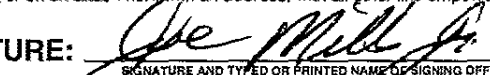
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLS, JOE JR. 11213 SE 53RD CT BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MILLS, MARY L 11213 SE 53RD COURT BELLEVUE, FL 33420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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04/29/04-80068-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	04/23/04 352-245-3692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #