

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # G25143

1. Entity Name
MILLS SPRAYING SERVICE, INC.



Principal Place of Business
**9 LAKESIDE CIR.
PAHOKEE FL 33476**

Mailing Address
**9 LAKESIDE CIR.
PAHOKEE FL 33476**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2267930**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELGESEN, ANDREW
11380 PROSPERITY FARMS RD.
SUITE 201
PALM BEACH GARDENS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PT
MILLS, JAMES L
971 GARDEN PLACE
PAHOKEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U00000640309
02/28/07-80061-005 150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SV
MILLS, MARIA P
971 GARDEN PLACE
PAHOKEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *James L. Mills* **JAMES L. MILLS - PT**

2-16-07

561 924 9947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #