

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90020 007 ***150.00

DOCUMENT # G47735

1. Entity Name
MILLERS BOATING CENTER, INC.



Principal Place of Business
1661 NW 57TH STREET
1661 N.W. 57TH ST.
OCALA, FL 34475 US

Mailing Address
C/O JUDITH M. MILLER
1661 N.W. 57TH ST.
OCALA, FL 34475

24023831



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2304804

Applied For
Not Applicable

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

MILLER, JUDITH
6440 N.W. 65TH ST.
OCALA, FL 34482

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JEFFREY 5501 N.W. 62ND PLACE OCALA, FL 34482	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, JUDITH 6440 NW 65TH STREET OCALA, FL 34482	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYNETTE M. PHILLIPS 5962 NW 64TH ST OCALA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOWARD, LORA K 5245 NE 136TH PLACE ANTHONY, FL 32617	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 419 N.W. 56 TH AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6281 N.E. 60 TH ST. SILVER SPRINGS, FL. 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Judith M. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-622-7757

Date

Daytime Phone #