


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90005 049 \*\*\*150.00

<b>DOCUMENT # G65268</b>	
1. Entity Name <b>JOAN S. MILLER REAL ESTATE, INC.</b>	

Principal Place of Business <b>% JOAN S. MILLER 420 NE 195TH STREET MIAMI, FL 33179-3332 US</b>	Mailing Address <b>% JOAN S. MILLER 420 NE 195TH STREET MIAMI, FL 33179-3332 US</b>
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2. Principal Place of Business <b>% JOAN S. MILLER</b>	3. Mailing Address <b>% JOAN S. MILLER</b>
Suite, Apt. #, etc. <b>3266 Lake Shore Drive</b>	Suite, Apt. #, etc. <b>3266 Lake Shore Drive</b>

City & State <b>Fort Pierce, FL</b>	City & State <b>Fort Pierce, FL</b>
Zip <b>34949-8711</b>	Country <b>USA</b>

01082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2410360</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MILLER, JOAN S. 420 NE 195TH STREET MIAMI, FL 33179-3332</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3266 Lake Shore Drive</b> City <b>Fort Pierce</b> <b>FL</b> Zip Code <b>34949-8711</b>
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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: *Joan S. Miller, President* DATE: 1-12-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, JOAN 420 NE 195TH STREET MIAMI, FL 331793332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3266 Lake Shore Drive Fort Pierce, FL 34949-8711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joan S. Miller, President* 1-12-04 772-467-2646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

G65268

44002196

## **Joan S. Miller Real Estate Inc.**

**3266 Lake Shore Drive, No. Hutchinson Island, FL 34949**

**Phone: 772-467-2646 FAX: 772-465-2791**

**Cell: 561-315-7279 email: Joan@Joan-S-Miller.com**

January 12, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Annual Report Notice

To Whom It May Concern:

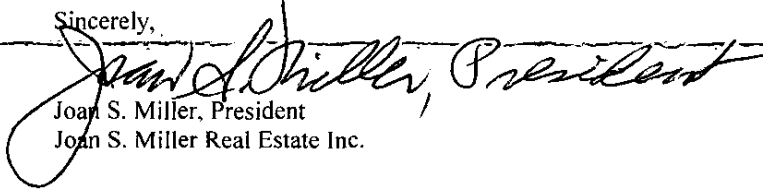
I have received your new notice for my corporation G65268. Per the instructions, I went online and downloaded the form. I have filled it out, enclosed a check and made the corrections.

I fail to understand how the Annual Report Notice (also enclosed) came to the corrected address, yet the form I downloaded had the old, incorrect address.

Something is wrong with the system where one document which is generated has one address and the other has a different, out-dated address. Please correct all of your data on this account.

Thank you in advance for your attention in this matter.

Sincerely,

  
Joan S. Miller, President  
Joan S. Miller Real Estate Inc.