

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H17330

1. Entity Name  
J. WAYNE MILLER COMPANY



Principal Place of Business

540 N HWY 434 #530  
530  
ALTAMONTE SPGS, FL 32714

Mailing Address

540 N HWY 434 #530  
530  
ALTAMONTE SPGS, FL 32714

FILED

Jul 16, 2008 08:00 AM  
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2437769

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, WAYNE J.  
540 N HWY 434 #530  
530  
ALTAMONTE SPGS, FL 32714

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MILLER, J. WAYNE  
STREET ADDRESS 540 N. HWY 434 #530  
CITY-ST-ZIP ALTAMONTE SPGS, FL 32714

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000955229  
07/16/08-80007-025 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08

Date

321-356-3807

Daytime Phone #