

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51734

Entity Name: NICK MILLER, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

2560 RCA BLVD
SUITE 105
PALM BCH.GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2560 RCA BLVD.,STE.105
PALM BCH.GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-2545213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORDON, STEPHEN M
9692 PRESTANCIA WAY
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GORDON, STEPHEN M
Address: 9692 PRESTANCIA WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: EVP () Delete
Name: ALBRITTON, KIMBERLY S
Address: 725 SW COLLEGE PARK ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: CLANCY, STEPHEN J
Address: 2829 ROSCOMMON DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete
Name: WHITAKER, TIMOTHY C
Address: P.O. BOX 33253
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY ALBRITTON

EVP

01/06/2009

Electronic Signature of Signing Officer or Director

Date