

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90021 032 ***150.00

DOCUMENT # H57599

1. Entity Name

MILLER ENERGETICS, INC.



Principal Place of Business

% CHARLES S. MILLER
226 LAKE DAMON DRIVE
AVON PARK FL 33825-8905

Mailing Address

% CHARLES S. MILLER
226 LAKE DAMON DRIVE
AVON PARK FL 33825-8905

2. Principal Place of Business

Miller Energetics, Inc.

3. Mailing Address

1052 W. Thomas St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Avon Park

City & State

Zip

33825

Country

Highlands

Zip

Country

4. FEI Number

59-2603306

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, CHARLES S.
226 LAKE DAMON DRIVE
AVON PARK FL

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MILLER, CHARLES S.
STREET ADDRESS 226 LAKE DAMON DRIVE
CITY-ST-ZIP AVON PARK FL

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

TITLE DST ☐ Delete
NAME MILLER, ANITA
STREET ADDRESS 226 LAKE DAMON DRIVE
CITY-ST-ZIP AVON PARK FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: *Charles S. Miller, Charles S. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Date

863 453 7663

Daytime Phone #