2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2004 08:00 AM DOCUMENT # H64305 **Secretary of State** 1. Entity Name MILLER POOLS CONTRACTING, INC. Principal Place of Business Mailing Address 8318 LAKE MARION DRIVE HAINES CITY FL 33844 PO BOX 471 LAKE HAMILTON FL 33831 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2614245 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, WILLIAM E. 8318 LAKE MARION DRIVE Street Address (P.O. Box Number is Not Acceptable) HAINES CITY FL 33844 City 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 agont and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TRILE NAME MILLER, WILLIAM E NAME P.O. BOX 471 STREET ADDRESS STREET ADDRESS *U00000024896* CITY-ST-ZIP LAKE HAMILTON FL 33851 City - ST - 7(P TITLE ☐ Delete TIRE Addition MILLER, KEVIN E NAME NAME STREET ADDRESS P.O. BOX 471 STREET ADDRESS CITY - ST-ZIP **LAKE HAMILTON FL 33851** CITY-ST-ZIP THREE ☐ Delete THILE ☐ Change Addition NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TELLE Addition Change Change NAME NAME STREET ADDRESS STREET ADDRESS City -ST-21P CRTY-ST-ZIP BILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY - 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.

WILLIAM E MILLER 1-26-04 863-489-5047

FILED