

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM  
Secretary of State

DOCUMENT # J09968

1. Entity Name  
ALVIN MILLER CARPENTRY, INC.



Principal Place of Business  
1273 CARTER AVENUE  
SARASOTA, FL 34239

Mailing Address  
1273 CARTER AVENUE  
SARASOTA, FL 34239



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2660977

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, ALVIN M.  
1273 CARTER AVENUE  
SARASOTA, FL 33578

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000586205  
01/16/07-80043-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ALVIN M. 1273 CARTER AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, IRENE 1273 CARTER AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFMAN, KENNETH 5522 ANTOINETTE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Irene Miller Alvin Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-17 941-955-287  
Date Daytime Phone #