## **2007 FOR PROFIT CORPORATION**

## Apr 23, 2007 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # J40154** 1. Entity Name MILLER TOOL AND REPAIR, INC. Principal Place of Business Mailing Address 88 TRUMAN CIRCLE 88 TRUMAN CIRCLE NAPLES, FL 34104 NAPLES, FL 34104 CR2E034 (11/05) 04172007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2736308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent a company of the state of the supplication of the same MILLER, PATRICK W DO NOT WRITE 88 TRUMAN CIRCLE NAPLES, FL 34104 IN THIS SPACE and the different for the comparison of the stand 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. Signalure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MILLER, PATRICK W 10000000726606 88 TRUMAN CIRCLE STREET ADDRESS CITY - ST - ZIP NAPLES, FL 34104 .%...... 05/04/07-80015-005-150:00-TITLE The water of the property was the street of the continue to the NAME STREET ADDRESS CITY-ST-ZIP TITLE Carrier and Artist and Carrier NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME The mily of graph of a contract that I will be able STREET ADDRESS CITY-ST-ZIP The angle of the section is a man of the section of the section of TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 all other like ampowered. changed, or on an attachment with address, with all other like empowered.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

FILED