

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K75159
1. Entity Name
MILLS-PRICE & ASSOCIATES, INC.



Principal Place of Business
6710 WINKLER ROAD
SUITE 1
FT. MYERS, FL 33919

Mailing Address
6710 WINKLER ROAD
SUITE 1
FT. MYERS, FL 33919



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0102652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, TODD P
6710 WINKLER ROAD
SUITE 1
FT. MYERS, FL 33919

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
ADAMS, TODD P
6710 WINKLER RD SUITE 1
FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ADAMS, TODD P
6710 WINKLER RD SUITE 1
FT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
LEDUC, JANINE
6710 WINKLER RD SUITE 1
FORT MYERS, FL 33919

TITLE
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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: Todd P Adams Todd P Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 (239) 433-1223

Date

Daytime Phone #