


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90031 033 ***158.75

DOCUMENT # K97083
 1. Entity Name
MILLER'S PLUMBING SYSTEMS, INC.



Principal Place of Business: **635 BREVARD AVE COCOA FL 32922**
 Mailing Address: **10679 - 107 HWY 105 BANNER ELK NC 28604**

30007768



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **5016-B Hwy 105 South**
 Suite, Apt. #, etc.

City & State: **Vilas N.C.**

4. FEI Number: **59-2954860**
 Applied For: Not Applicable

Zip: **28692** Country: **Watauga**

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

6. Name and Address of Current Registered Agent
**MILLER, JOHN F., JR.
 635 BREVARD AVE
 COCOA FL 32922**

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, JOHN F., JR.
STREET ADDRESS	166 ROSEBAY WAY
CITY-ST-ZIP	BANNER ELK NC 28604
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, ELLISA
STREET ADDRESS	166 ROSEBAY WAY
CITY-ST-ZIP	BANNER ELK NC 28604
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: John F. Miller, Jr. President John F. Miller Jr 1-24-05 828-963-4231
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #