

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

3. Mailing Address

5016-B Hwy 105 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vilas N.C.

4. FEI Number

59-2954860

Applied For

Not Applicable

Zip

Country

Zip

Country

28692

Watauga

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JOHN F., JR.
635 BREVARD AVE
COCOA FL 32922

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

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, 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 ☐ Delete
NAME MILLER, JOHN F., JR.
STREET ADDRESS 166 ROSEBAY WAY
CITY-ST-ZIP BANNER ELK NC 28604

TITLE D ☐ Delete
NAME MILLER, ELLISA
STREET ADDRESS 166 ROSEBAY WAY
CITY-ST-ZIP BANNER ELK NC 28604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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 #