2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L81403

1. Entity Name
MICHAEL J. MILLWARD, C.P.A., P.A.

Principal Place of Business	Mailing Address
10173 BOCA VISTA DR	P.O. BOX 1811
BOCA RATON, FL 33498 US	BOCA RATON, FL 33429-1811 US

DO NOT WRITE IN THIS SPACE

04012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0192940	Not Applicable

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

6. Name and Address of Current Registered Agent

MILLWARD, MICHAEL J.
10173 BOCA VISTA DR
BOCA RATON, FL 33498

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 _____

<small>Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE</small>

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D	
NAME	MILLWARD, MICHAEL J.	
STREET ADDRESS	P.O. BOX 1811	
CITY-ST-ZIP	BOCA RATON, FL 334291811	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Michael J. Millward*   4/1/05   561-470-5233

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>