

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90205 045 ***150.00

DOCUMENT # M44349

1. Entity Name

MILLER LAWN SERVICE, INC.



Principal Place of Business

**627 FERN AVE
HOLLY HILL FL 32117**

Mailing Address

**627 FERN AVE
HOLLY HILL FL 32117**

2. Principal Place of Business

617 Fern Ave

3. Mailing Address

617 Fern Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill FL

City & State

Holly Hill FL

Zip

Country

Zip

Country

32117

Volusia

32117

Volusia

6. Name and Address of Current Registered Agent

**MILLER, WAYNE L. SR.
1310 FLEMING AV.
D-47
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2819330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

MOORE

CR2E034 (11/03)



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, 2004 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 | PD | <input type="checkbox"/> Delete |
| NAME | MILLER, WAYNE L SR. | |
| STREET ADDRESS | 1310 FLEMING AVE D-47 | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MILLER, MARY JO | |
| STREET ADDRESS | 1310 FLEMING AVE D-47 | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MILLER, WAYNE L JR. | |
| STREET ADDRESS | 103 LUNA CR | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| 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 |
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| 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: Wayne L Miller Sr. Wayne L. Miller Sr 4-28-04 386-255-1352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #