## 2906 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M66273 1. Entity Name

JOHN P. MILLER C.P.A., P.A.

**FILED** Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

2499 GLADES RD

**STE 305A** BOCA RATON, FL 33431

Mailing Address

2499 GLADES RD

**STE 305A** 

BOCA RATON, FL 33431 US

04242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0025709

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MILLER, JOHN P 2499 GLADES RD **STE 305A** BOCA RATON, FL 33431

SIGNATURE:

## 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, typod 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		Election Campaign Finan- Trust Fund Contribution.	cing _	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN P. CPA 2499 GLADES RD, STE 305A BOCA RATON, FL				HIDOOOPTOOCT4
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000539674 05/09/06-80107-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY~ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this repair or supplemental reporties true and accurate and that my signature shall have the same legal effectives if made under oath; that I am an officer or director of the corporation of the receiver of trusteefamplywared 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 applicacy with all other like empowered.					