

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000007513

1. Entity Name
SUGARMILLERS, INC.



Principal Place of Business

**9470 MIRACLE DR
SPRING HILL, FL 34608**

Mailing Address

**9470 MIRACLE DR
SPRING HILL, FL 34608**



01282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1490925

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WING, RAYMOND A
9470 MIRACLE DR
SPRING HILL, FL 34608**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

DATE
02/06/07-80015-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
WING, RAYMOND A
9470 MIRACLE DR
SPRING HILL, FL 34608**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
WARD, DAVID
4714 EDINBURGH LANE
HOUSTON, TX 77459**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
THOMAS, JACK L
4022 FALKIRK LANE
HOUSTON, TX 77025**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
O'HARE, RICHARD
4075 OLD RIVER TRAIL
POWHATAN, VA 23139**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: **Raymond A. Wing** **RAYMOND A. WING, P**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2007 352-688-5863

Date

Daytime Phone #