


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90050 018 ***150.00

DOCUMENT # P00000018600	
1. Entity Name MILLBROOK CONSTRUCTION, INC.	

Principal Place of Business 2531 MAYAPPLE RD E JACKSONVILLE FL 32211	Mailing Address 2531 MAYAPPLE RD E SUITE 101 JACKSONVILLE FL 32211
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2. Principal Place of Business 2531 MAYAPPLE RD E	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL.	City & State FL
Zip 32211	Country DULVAL



MOORE CR2E034 (11/03)

4. FEI Number 59-3631669	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, ROBERT D 3167 ST. JOHNS BLUFF RD. SOUTH, #106 JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 <i>Robert D. Miller</i>	DATE 2/2/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input checked="" type="checkbox"/>
MILLER, ROBERT D 3167 ST. JOHNS BLUFF RD. SOUTH, #106 JACKSONVILLE FL 32246	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
ANA MILLER 2531 MAYAPPLE RD E JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
OWNER ROBERT D. MILLER 2531 MAYAPPLE RD. E. JAX, FL. 32211	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>

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.	
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SIGNATURE: <i>Robert D. Miller</i>	DATE: 2/2/04	DAYTIME PHONE #: 904-744-6125
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		