

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030642

FILED
Apr 28, 2006
Secretary of State

Entity Name: JAMES D. MILLER INSURANCE SERVICES, INC.

Current Principal Place of Business:

555 WEST GRANADA BOULEVARD #F2
ORMOND BEACH, FL 32174

New Principal Place of Business:

409 BLACK OAK LANE
ORMOND BEACH, FL 32174

Current Mailing Address:

555 WEST GRANADA BOULEVARD #F2
ORMOND BEACH, FL 32174

New Mailing Address:

409 BLACK OAK LANE
ORMOND BEACH, FL 32174

FEI Number: 59-3634652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE #B-1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, JAMES
Address: 555 WEST GRANADA BOULEVARD #F2
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D MILLER

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date