


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000063774					
1. Entity Name S. MILAM ENTERPRISES INCORPORATED					
Principal Place of Business 8739 FUSSELL RD POLK CITY FL 33868			Mailing Address 8739 FUSSELL RD POLK CITY FL 33868		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3669489 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILAM, W.B. JR 8739 FUSSELL RD POLK CITY FL 33868				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILAM, W.B. JR 8739 FUSSELL RD POLK CITY FL 33868 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000353489 05/03/05-80069-009 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W.B. Milam Jr **W.B. MILAM JR** 4-29-05 863-967-1470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #