

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90114 034 ***150.00

DOCUMENT # P00000082756

1. Entity Name
REVEREND DANIEL MILLER CORPORATION



Principal Place of Business
**417 N.W. 7 AVE
POMPANO, FL 33060**

Mailing Address
**2871 NW 9 STREET
POMPANO BEACH, FL 33069**

60000001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1043840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, DANIEL A
2871 NW 9 STREET
POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent

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

Signature, typed 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
MILLER, DANIEL A
2871 NW 9 STREET
POMPANO BEACH, FL 330692144** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MILLER, MICHAEL P
665 NE 83 TERRACE #208
MIAMI, FL 33138** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MILLER, BRUCE E
620 NW 8 AVE., #5
POMPANO, FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, SADIE A
125 NE 6 ST., #A
POMPANO BEACH, FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, HIRAM K
1541 NW 4 AVE
POMPANO, FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, VAUGHN E
1541 NW 4 AVE.
POMPANO BEACH, FL 33060** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
MILLER, DANIEL A.
2871 NW 9 ST
POMPANO BEACH, FL 33069-2144** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, MICHAEL P
665 NE 83 TERR #208
MIAMI, FL 33138** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MILLER, BRUCE E.
620 NW 8 AVE APT-M** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, SADIE A
125 NE 6 ST #A
POMPANO BEACH FL 33060** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, HIRAM K.
1541 NW 4 AVE
POMPANO BEACH FL 33060** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, VAUGHN E.
1541 NW 4 AVE
POMPANO BEACH FL 33060** ☒ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-05 954.975-4901