


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000093208 1. Entity Name THE MILLERSHEARS GROUP, INC.	
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Principal Place of Business 402 SWEETWATER COVE BLVD., SOUTH LONGWOOD, FL 32779	Mailing Address 402 SWEETWATER COVE BLVD., SOUTH LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3675236	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 KOLTUN, JEFFREY M 557 N. WYMORE ROAD, SUITE 100 MAITLAND, FL 32751	DO NOT WRITE IN THIS SPACE
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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 fee, if applicable. (NOTE: Registered Agent Signature required when retaking) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000051620 02/16/04-80058-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SHEARS, RANDY 402 SWEETWATER COVE BLVD., SOUTH LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY ST ZIP	STD MILLER, SCOTT H 402 SWEETWATER COVE BLVD., SOUTH LONGWOOD, FL 32779
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IN THIS SPACE**

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: Philip R. Shears **Philip R. Shears** 2/12/04 407-774-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR