

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000093208

1. Entity Name

THE MILLERSHEARS GROUP, INC.



Principal Place of Business

**402 SWEETWATER COVE BLVD., SOUTH
LONGWOOD, FL 32779**

Mailing Address

**402 SWEETWATER COVE BLVD., SOUTH
LONGWOOD, FL 32779**



01312005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number

59-3675236

Applied For

Not Applicable

5. Certificate of Status Desired



**\$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**

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 the filer, if applicable.

(NOTE: Registered Agent's signature required when reconstituting)

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**

**1100000238732
02/22/05-80011-013 150.00**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME SHEARS, RANDY
STREET ADDRESS 402 SWEETWATER COVE BLVD., SOUTH
CITY-ST-ZIP LONGWOOD, FL 32779**

**TITLE STD
NAME MILLER, SCOTT H
STREET ADDRESS 402 SWEETWATER COVE BLVD., SOUTH
CITY-ST-ZIP LONGWOOD, FL 32779**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

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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)(c), 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**

2/18/05 407-774-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #