

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90003 013 ***150.00

DOCUMENT # P00883

1. Entity Name

MILLER CHEMICAL & FERTILIZER CORPORATION



Principal Place of Business

PO BOX 333
HANOVER PA 17331

Mailing Address

PO BOX 333
HANOVER PA 17331

54004188



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-2286780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAMMOND, DAVID A | |
| STREET ADDRESS | 1400 S TROOPER RD #937 | |
| CITY-ST-ZIP | VALLEY FORGE FL 19482 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | EVANICK, ROBERT J | |
| STREET ADDRESS | 1400 S TROOPER RD #937 | |
| CITY-ST-ZIP | VALLEY FORGE FL 19482 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | HARTLAUB, ANTHONY W | |
| STREET ADDRESS | 120 RADIO RD | |
| CITY-ST-ZIP | HANOVER PA 17331 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SVEC, CHARLES H | |
| STREET ADDRESS | 120 RADIO RD | |
| CITY-ST-ZIP | HANOVER PA | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WAY, LAWRENCE T III(FIN) | |
| STREET ADDRESS | 1400 S TROOPER RD #937 | |
| CITY-ST-ZIP | VALLEY FORGE PA 19482 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 820 Adams Ave. Suite 130 | |
| STREET ADDRESS | Trooper PA 19403 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 820 Adams Ave. Suite 130 | |
| STREET ADDRESS | Trooper PA 19403 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 820 Adams Ave. Suite 130 | |
| STREET ADDRESS | Trooper PA 19403 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Anthony W. Hartlaub

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony W. Hartlaub 2/3/04

Date

Daytime Phone #