


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2286780	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000587689 01/17/07-80041-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, DAVID A 820 ADAMS AVE STE 130 TROOPER, PA 19403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAMSTRA, DANIEL L 820 ADAMS AVE STE 130 TROOPER, PA 19403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARTLAUB, ANTHONY W 120 RADIO RD HANOVER, PA 17331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SVEC, CHARLES H 120 RADIO RD HANOVER, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAY, LAWRENCE T III(FIN) 820 ADAMS AVE STE 130 TROOPER, PA 19403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	1/17/07	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			