2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000004164

1. Entity Name
MILLER WINDOWS, INC.

94025320

Principal Place of Business	Mailing Address
1060 E INDUSTRIAL DRIVE ORANGE CITY, FL 32763	PO BOX 854 ORANGE CITY, FL 32763

02162004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	
409 Quail Hill Dr	409 Quail Hill Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	4. FEI Number	Applied For
DeBary FL	DeBary FL	59-3691143	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
32713	US	32713	US		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, HARRY 1060 E INDUSTRIAL DRIVE ORANGE CITY, FL 32763	Name Street Address (P.O. Box Number is Not Acceptable) 409 Quail Hill Drive City DeBary FL Zip Code 32713

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**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	*Harry Miller* 3-03-04

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P**		☐ Delete	TITLE	409 Quail Hill Drive DeBary FL 32713	☒ Change ☐ Addition
NAME	MILLER, HARRY		NAME		
STREET ADDRESS	1968 WEST FINLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE **VP**		☐ Delete	TITLE	409 Quail Hill Drive DeBary FL 32713	☒ Change ☐ Addition
NAME	MILLER, CAMELLIA		NAME		
STREET ADDRESS	1968 W FINLAND DR		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ✔ *Harry Miller*   3-03-04   386-717-2893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #