## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P01000016496** 02-28-2005 90207 001 \*\*\*150.00 MILLÉR CUSTOM BUILDERS, INC. Principal Place of Business Mailing Address 40024800 6775 NEWPORT LAKE CIRCLE 6775 NEWPORT LAKE CIRCLE BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02152005 Chg-P Applied For City & State City & State 4. FEI Number 65-1077219 Not Applicable Žip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TULIE A. MILLER FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 City BOCA RATON 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: IOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE ☐ Delete TITLE ☐ Addition NAME MILLER, JULIE A NAME Julie A. Miller 6775 NEWPORT LAKE CIRCLE STREET ADDRESS STREET ADDRESS 775 NEWFORT LAKE CIRCL 30CA RATON, FL 33 BOCA RATON, FL 33496 CITY-ST-7/P CITY-ST-7IP ☐ Change TITLE □ Delete TIT) F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . \_\_\_ \_ Change . . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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

ICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED

Feb 28, 2005 8:00 am