

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90096 044 ***150.00

DOCUMENT # P01000017666 1. Entity Name IRA BRUCE MILLER, P.A.					
Principal Place of Business 3603 SW 49 AVE OCALA, FL 34471			Mailing Address 3603 SW 49 AVE OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box # 3603 SE 49 AVE		3. Mailing Address 3603 SE 49 AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 59-3712560	
Zip 34480		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, IRA 3603 SE 49 AVE OCALA, FL 34471			7. Name and Address of New Registered Agent Name - Ira Miller Street Address (P.O. Box Number is Not Acceptable) 3603 SE 49 AVE City Ocala FL Zip Code 34480		
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 3/7/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILLER, IRA 3603 SE 49 AVE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Ira Miller 3603 SE 49 AVE Ocala, FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLER, PATTI G 3603 SE 49 AVE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Patti G. Miller 3603 SE 49 AVE Ocala, FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Patti G. Miller			3/7/08 352-694-6988 <small>Date Daytime Phone #</small>		