

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90041 023 ***150.00

DOCUMENT # P01000038984

1. Entity Name

RICHARD J. MILLER & ASSOCIATES, INC.



Principal Place of Business

1695 SELVA MARINA DR.
 ATLANTIC BEACH FL 32233

Mailing Address

1695 SELVA MARINA DR
 ATLANTIC BEACH FL 32233



2. Principal Place of Business - No P.O. Box #

1513 Atlantic Blvd.

State, Apt. #, etc.

Suite 4

3. Mailing Address

1695 Selva Marina Dr

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Neptune Beach

City & State

Atlantic Beach

4. FEI Number

59-3714953

Applied For

Not Applicable

Zip

32266

Country

Duval

Zip

32233

Country

Duval

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, RICHARD J PRES
 1695 SELVA MARINA DR
 ATLANTIC BEACH FL 32233

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.

(MOORE Registered Agent sign-turn required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MILLER, RICHARD J PRES	1695 SELVA MARINA DR	ATLANTIC BEACH FL 32233	<input type="checkbox"/>
D	MILLER, LAURA B VP	1695 SELVA MARINA DR	ATLANTIC BEACH FL 32233	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Richard J. Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08

904-247-3885 x104

DATE

TELEPHONE #