


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90062 048 ***150.00

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|---|---|---|--|--|--|
| DOCUMENT # P01000063726 1. Entity Name MILLVIEW, INC. | | | |  | |
| Principal Place of Business 1681 MAITLAND AVE WINTER PARK, FL 32751 | | | Mailing Address P.O. BOX 1343 WINTER PARK, FL 32789 | | |
| 2. Principal Place of Business 1681 MAITLAND AVE Suite, Apt. #, etc. | | 3. Mailing Address PO BOX 1343 Suite, Apt. #, etc. | | | |
| City & State MAITLAND FL Zip FL 32751 Country Seminole | | City & State WINTER PARK FL Zip 32790 Country Orange | | 4. FEI Number 01-0602331 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent JAGER, ALICE E 1681 MAITLAND AVE MAITLAND, FL 32751 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | P JAGER, ALICE E 127 W FAIRBANKS AVE #163 WINTER PARK, FL 327894326 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 1343 WINTER PARK, FL 32790 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HERMAN, BETH 127 W. FAIRBANKS AVE. #163 WINTER PARK, FL 327894326 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 1343 WINTER PARK, FL 32790 | |
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| 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 <i>Alice E. Jager</i> ALICE E. JAGER | | | Date 4-6-05 Daytime Phone # 407-247-6347 | | |