

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90035 003 ***158.75

DOCUMENT # P01000102572	
1. Entity Name DAVID L MILLER LAWN AND TREE SERVICE CO.	

Principal Place of Business 737 SEARCY AVE SARASOTA FL 34237	Mailing Address 737 SEARCY AVE SARASOTA FL 34237
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2. Principal Place of Business 5116 Meldon Circle Suite, Apt. #, etc.	3. Mailing Address 5116 Meldon Circle Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

City & State Sarasota FL	City & State Sarasota FL
Zip 34232	Country Sarasota

4. FEI Number 04-3619206	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, DAVID L 737 SEARCY AVE SARASOTA FL 34237	
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7. Name and Address of New Registered Agent Name David L Miller Street Address (P.O. Box Number is Not Acceptable) 5116 Meldon Circle City Sarasota FL Zip Code 34232	
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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 David Lynn Miller DATE 3-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	\$ 158.75	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAVID L 737 SEARCY AVE SARASOTA FL 34237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Lynn Miller Lawn and Tree Service 5116 Meldon Circle Sarasota, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David L Miller 5116 Meldon Circle Sarasota FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: David Lynn Miller DAVID LYNN MILLER 3-27-04 941-379-6540 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3-27-04 941-400-8214