

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000113183

1. Entity Name
MCMILLEN & COMPANY, INC.



FILED
Feb 23, 2004 08:00 AM
Secretary of State

Principal Place of Business

2719 NE 15 ST
FT LAUDERDALE, FL 33304

Mailing Address

2719 NE 15 ST
FT LAUDERDALE, FL 33304



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1155841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCMILLEN, JAMES
2719 NE 15 ST
FT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000062006
02/23/04-80103-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCMILLEN, JAMES
STREET ADDRESS 2719 NE 15 ST
CITY-ST-ZIP FT LAUDERDALE, FL 33304

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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)(f), 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:

James E. McMillen James E. McMillen 2/20/04 954-646-3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #