

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000032805

1. Entity Name
LAW OFFICES OF SCOTT D. MILLER, P.A.



FILED
Apr 16, 2004 08:00 AM
Secretary of State

Principal Place of Business
**4038 MADISON ST
NEW PORT RICHEY, FL 34652**

Mailing Address
**4038 MADISON ST
NEW PORT RICHEY, FL 34652**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0470894

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, SCOTT D
4038 MADISON ST
NEW PORT RICHEY, FL 34652**

**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**

**U000000115236
04/16/04-80016-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	MILLER, SCOTT D
STREET ADDRESS	8525 GUM TREE AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04
Date

**727
844-0787**
Daytime Phone #