

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000041238
 1. Entity Name
 MILLER'S FEEDING SOLUTIONS, INC.



Principal Place of Business Mailing Address
 10721 75TH STREET NORTH 10721 75TH STREET NORTH
 LARGO, FL 33777 LARGO, FL 33777



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 27-0008715 Not Applicable

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

6. Name and Address of Current Registered Agent
 MILLER, LARRY W
 6315 SHORELINE DRIVE
 3301
 ST. PETERSBURG, FL 33708

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000215384
 02/05/05-80008-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, LARRY W
STREET ADDRESS	6315 SHORELINE DRIVE #3301
CITY-ST-ZIP	ST. PETERSBURG, FL 33708
TITLE	V
NAME	MILLER, JERRY G
STREET ADDRESS	6972 AUGUSTA BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: *[Signature]* Date: *2-2-05* Daytime Phone #: *727-541-5763*