


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000041238</b>	
1. Entity Name MILLER'S FEEDING SOLUTIONS, INC.	

Principal Place of Business 10721 75TH STREET NORTH LARGO, FL 33777	Mailing Address 10721 75TH STREET NORTH LARGO, FL 33777
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0008715	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MILLER, LARRY W 6315 SHORELINE DRIVE 3301 ST. PETERSBURG, FL 33708
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**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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, LARRY W 6315 SHORELINE DRIVE #3301 ST. PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, JERRY G 6972 AUGUSTA BOULEVARD SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80022-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 info empowered.

SIGNATURE: <i>X Larry W Miller</i>	1-24-07	727 393 5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #