2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P02000042677 1. Entity Name FRED B. MILLER, INC.							Feb 02, 2005 08:00 AM Secretary of State				
11160 0.	1V41LLL: 1, 1	140.									
Principal Place of Business 1840 SEMINOLE RD. JACKSONVILLE FL 32205				ng Address SEMINOLE RD. KSONVILLE FL 32			·			÷ .	
] 				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt #, etc.				Suite, Apt. #, etc.			1:	st MOORE	CR2E034	(10/04)	
City & State				& State		4. FEI Numi	^{oer} 45-04744	23		Applied For Not Applicable	
Zip		Country	Zip Coun		itry	5. Certificat	e of Status Desired		\$8.75 A Fee Regui	dditional	
6. Name and Address of Current F				ed Agent		7. Name an	d Address of New	Registered	-		
Nan							**				- ·
MILLER, FRED B JR. 1840 SEMINOLE RD. JACKSONVILLE FL 32205						Street Address (P.O. Box Number is Not Acceptable)					
						City				Zíp Čo	
8. The above named entity submits this statement for the purpose of changing its register						_	od agost ach	osh in the Canto of	FL		
the obligat	tions of regis	y submits this statement to tered agent.	me both	oose or changing its	tebizreti	ed onice of register	ed agent, or b	oin, in the State of I	riorida, iam	tamillar witi	n, and accept
SIGNATURE.	<u> </u>						· · · · · · · · · · · · · · · · · · ·				
		or printed name of registered agent a	and tille if app	pficable (NOT)	Registere	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Cam Trust Fund C			5.00 May Be ded to Fees
10.	T	OFFICERS AND	DIRECTO		11.		ADDITIONS	CHANGES TO O	FICERS AN	DIRECTO	RS IN (T
NAME STREET ADDRESS CITY: ST-ZIP	AV MILLER, F 1840 SEMI JACKSON			☐ Delete	•	l		1/000000; 02/02/05-6	210602 30086-0;	□ Change 25 150.	
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NAME STREET ADDRESS CITY-ST-ZIP						FI ADDRESS					
TITLE	JACKSONVILLE FL 32207			☐ Delete		-SI-7IP				Change	Addition
NAME STREET ADDRESS				Delete		E E1 ADDRESS				Change	☐ Addition
CITY ST-ZIP	<u> </u>			☐ Delete	City	- ST - ZIP	<u> </u>	 		☐ Change	
NAME				L_1 Delete	NAM	E				□ cuarde	Addition
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STREET ADDRESS CITY+ST-ZIP					1	ET ADDRESS - ST-ZIP					
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CITY-ST-ZIP	<u> </u>	<u> </u>			CITY	FI ADORESS -ST-ZIP	_				
12. I hereby of indicated of the corchanged,	certify that the on this reportion or the or attention or the or on an attention or on a tention or on a	e information supplied with rt or supplemental report is ne receiver or trustee empo sekment with an address, v	this filing true and wered to rith all oth	does not qualify for accurate and that n execute this report ner like empowered.	the exe ny signal as requi	mption stated in Se ture shall have the red by Chapter 607	ction 119.07(3 same legal effe , Florida Statut)(f), Florida Statutes act as if made unde ses, and that my na	s. I further ce r oath, that I me appears	rtify that the am an office in Block 10	information er or director or Block 11 if

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