

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 031 ***150.00

DOCUMENT # P02000050941

1. Entity Name
MIKE MILLER, P. A.



Principal Place of Business
808 SE 46TH LANE
CAPE CORAL, FL 33914

Mailing Address
808 SE 46TH LANE
CAPE CORAL, FL 33914

40098644



2. Principal Place of Business - No P.O. Box #
94 Dream Catcher
Suite, Apt. #, etc.

3. Mailing Address
94 Dream Catcher
Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State
Blue Ridge, GA
Zip
30513

City & State
Blue Ridge, GA
Zip
30513

4. FEI Number
59-3763101
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, MIKE
808 SE 46TH LANE
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name
JOHN C. Gallagher
Street Address (P.O. Box Number is Not Acceptable)
3501 Del Prado Blvd
Suite 302
City
Cape Coral FL Zip Code
33904

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 *John C. Gallagher* DATE *4/24/07*
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, MIKE	
STREET ADDRESS	808 SE 46TH LANE	
CITY - ST - ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MIKE	
STREET ADDRESS	94 Dream Catcher	
CITY - ST - ZIP	Blue Ridge GA 30513	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 1-239-542-2010