


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000052636</b>	
1. Entity Name <b>B MILLER LINTELS, INC</b>	

Principal Place of Business <b>8320 241ST STREET EAST MYAKKA CITY, FL 34251</b>	Mailing Address <b>8320 241ST STREET EAST MYAKKA CITY, FL 34251</b>
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**DO NOT WRITE IN THIS SPACE**



07162004 No Chg-P CR2E034 (10/03)

4. FCI Number <b>04-3655735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SIZEMORE, MARY JANE  
3901 BAHIA VISTA ST - #319  
SARASOTA, FL 34232**

**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: Mary Jane Sizemore - Mary Jane Sizemore 7/16/04  
Signature of officer, principal, partner, or registered agent and U.S. Taxpayers (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P MILLER, BRIAN L 8320 241ST STREET EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY ST ZIP	D MILLER, TERRY L 9319 DELFT ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY ST ZIP	D MILLER, CHRIS 1203 CORNISH ST SARASOTA, FL 34232
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07/23/04-80003-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: Brian Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: (941) 780-8880 Business Phone #