


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90042 020 ***150.00

DOCUMENT # P02000074078			
1. Entity Name MONARCH MILLER INC.			
Principal Place of Business 1303 BANDO LANE LADY LAKE, FL 32162		Mailing Address 1303 BANDO LANE LADY LAKE, FL 32162	
2. Principal Place of Business - No P.O. Box # 9208 SUGARLAND DR Suite, Apt. #, etc.		3. Mailing Address 9208 SUGARLAND DR Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32256	Country USA	Zip 32256	Country USA
4. FEI Number 01-0730156		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ROBERT A 1303 BANDO LANE LADY LAKE, FL 32162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9208 SUGARLAND DRIVE City JACKSONVILLE FL Zip Code 32256	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ELAINE C 1303 BANDO LANE LADY LAKE, FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9208 SUGARLAND DR JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, ROBERT A 1303 BANDO LANE LADY LAKE, FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9208 SUGARLAND DR JACKSONVILLE, FL 32256
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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 like empowered.			
SIGNATURE: <u>Robert A. Miller</u> ROBERT A. MILLER		Date	1-22-07 352-409-4292
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>