

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085119

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: TOM MILLER ENTERPRISES, INC.

**Current Principal Place of Business:**

9 SW 13TH STREET  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

20 HEATHERSTONE DR.  
EAST LONGMEADOW, MA 01028

**New Mailing Address:**

FEI Number: 54-2066927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDREWS, TOM  
9 SW 13TH STREET  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILLER, THOMAS  
Address: 20 HEATHERSTONE DRIVE  
City-St-Zip: EAST LONGMEADOW, MA 01028

Title: VP ( ) Delete  
Name: MILLER, SARAH  
Address: 20 HEATHERSTONE DRIVE  
City-St-Zip: EAST LONGMEADOW, MA 01028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MILLER

PD

01/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date