

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90006 009 ***150.00



DOCUMENT # P03000026849

1. Entity Name
M & K MILLER ENTERPRISES, INC.

Principal Place of Business
**3003 PINE FOREST DRIVE
 PALM HARBOR, FL 34684**

Mailing Address
**3003 PINE FOREST DRIVE
 PALM HARBOR, FL 34684**

54060991



2. Principal Place of Business

1839 LENAWEЕ LOOP

3. Mailing Address

1839 LENAWEЕ LOOP

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

07062004 Chg-P CR2E034 (10/03)

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

54-2099249

Applied For

Not Applicable

Zip

34655

Country

FL

Zip

34655

Country

FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, MIKE
 3003 PINE FOREST DRIVE
 PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name
MIKE MILLER

Street Address (P.O. Box Number is Not Acceptable)
1839 LENAWEЕ LOOP

203

City
New Port Richey

FL

Zip Code
34655

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

[Signature]

Michael Miller

7-6-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPST			
	Michael Miller	1839 LENAWEЕ LOOP # 203	New Port Richey, FL 34655	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature] **Michael D. Miller**

7-6-04

727-791-9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54060991
#PO 3000026849

M&K Miller Enterprises, Inc.

**1839 Lenawee Loop, #203
New Port Richey, FL 34655**

July 6, 2004

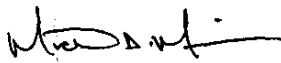
Florida Department of State
Division of Corporations

To Whom It May Concern:

I am writing to inform of a change of address for the above named corporation. I did not receive the notices for the filing of the annual report and have enclosed it with this document. Please accept the enclosed check for \$150. as payment in full. I have changed my address and my bookkeeper and was not aware of this filing until I received the post card of Notice of Intent to Dissolve, which was forwarded.

Thank you for your valuable time and consideration in this matter.

Sincerely,



Michael Miller
DPST