


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90007 023 \*\*\*158.75

<b>DOCUMENT # P03000097821</b>	
1. Entity Name MILLER QUALITY BUILDERS, INC.	

Principal Place of Business 593 SOUTHSIDE DR HOLT, FL 32564	Mailing Address 593 SOUTHSIDE DR HOLT, FL 32564
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03003010



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0930176	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MILLER, LORI 593 SOUTHSIDE DR HOLT, FL 32564
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**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 Lori N. Miller Lori N. Miller 2-2-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	D MILLER, LORI 593 SOUTHSIDE DR HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, HOLLIS L 593 SOUTHSIDE DRIVE HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Hollis L. Miller 593 Southside Dr Holt, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lori Miller 593 Southside Dr Holt FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Lori N. Miller Lori N. Miller 2-2-04 850-537-9292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #