


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000097821
 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
---	---

DO NOT WRITE IN THIS SPACE



01062005 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

6. Name and Address of Current Registered Agent
 MILLER, LORI
 593 SOUTHSIDE DR
 HOLT, FL 32564

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000216375
 02/05/05-80044-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, LORI
STREET ADDRESS	593 SOUTHSIDE DR
CITY-ST-ZIP	HOLT, FL 32564
TITLE	VD
NAME	MILLER, HOLLIS L
STREET ADDRESS	593 SOUTHSIDE DRIVE
CITY-ST-ZIP	HOLT, FL 32564
TITLE	S
NAME	MILLER, HOLLIS L
STREET ADDRESS	593 SOUTHSIDE DR
CITY-ST-ZIP	HOLT, FL 32564
TITLE	T
NAME	MILLER, LORI
STREET ADDRESS	593 SOUTHSIDE DR
CITY-ST-ZIP	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 Miller* **2-2-05** **850-537-9292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #