


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
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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

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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, typed or printed name of registered agent and title if applicable. (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 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	S MILLER, HOLLIS L 593 SOUTHSIDE DR HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, LORI 593 SOUTHSIDE DR HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 #