

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90137 048 ***150.00

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03182005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000110467			
1. Entity Name CHARLES MILLER SECURITY, INC.			
Principal Place of Business 170 BOARDMAN DR UMATILLA, FL 32784		Mailing Address 170 BOARDMAN DR UMATILLA, FL 32784	
2. Principal Place of Business 6336 36th CT E Suite, Apt. #, etc.		3. Mailing Address 6338 36th CT E Suite, Apt. #, etc.	
City & State ELLENTON FL		City & State ELLENTON FL	
Zip 34222	Country	Zip 34222	Country
4. FEI Number 57-1188019		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, CHARLES 170 BOARDMAN DR UMATILLA, FL 32784		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6338 36th CT E City ELLENTON FL Zip Code 34222	
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 <u>Charles F. Miller</u> CHARLES F MILLER DATE <u>3/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MILLER, CHARLES STREET ADDRESS 170 BOARDMAN DR CITY-ST-ZIP UMATILLA, FL 32784	<input type="checkbox"/> Delete	TITLE PD NAME CHARLES MILLER STREET ADDRESS 6336 36th CT E CITY-ST-ZIP ELLENTON FL 34222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>Charles F. Miller</u> CHARLES F. MILLER		Date <u>3/29/05</u> 352 823 2852	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			