


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90012 032 ***150.00

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|---|---|
| DOCUMENT # P03000115050 |  |
| 1. Entity Name RD MILLER CONSTRUCTION INC | |

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| Principal Place of Business 6020 BROWN LANE 4889 Wild Dove Ln SARASOTA, FL 34232 | Mailing Address 6020 BROWN LANE 4889 Wild Dove Ln SARASOTA, FL 34232 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 4889 Wild Dove Ln Suite, Apt. #, etc. | 3. Mailing Address 4889 Wild Dove Ln Suite, Apt. #, etc. |
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|-------------------------------------|-------------------------------------|
| City & State SARASOTA, FL | City & State SARASOTA, FL |
| Zip 34232 | Country USA |

40041000



02242008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 20-0317752 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---|
| 6. Name and Address of Current Registered Agent MILLER, ROGER D 6020 BROWN LANE 4889 Wild Dove Ln SARASOTA, FL 34232 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4889 WILD DOVE LN City SARASOTA FL Zip Code 34232 |
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MILLER, ROGER D 6020 BROWN LANE SARASOTA, FL 34232 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MILLER, ROGER D 4889 WILD DOVE LN SARASOTA, FL 34232 <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 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/08 **941-378-1409**
Date Daytime Phone #