

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90002 027 ***150.00

DOCUMENT # P03000138475

1. Entity Name

MILLERBOUYSRICK, INC.



Principal Place of Business

3450 BAYSIDE LAKES BLVD., S.E.
SUITE 106
PALM BAY FL 32909

Mailing Address

1699 FALK TERRACE, S.E.
PALM BAY FL 32909

2. Principal Place of Business

N/A

3. Mailing Address

N/A

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0415625

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

MILLER, RICHARD A
1699 FALK TERRACE, S.E.
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

RICHARD A. Miller Richard A. Miller

2-20-2004

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD A	
STREET ADDRESS	1699 FALK TERRACE, S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, BETTY J	
STREET ADDRESS	3 BURNING WICK PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, GERALD	
STREET ADDRESS	3 BURNING WICK PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

RICHARD A. Miller Richard A. Miller

2-20-04 321-409-0079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #