

2006 FOR PROFIT CORPORATIONS ANNUAL REPORT (AR)

DOCUMENT # P03000152236

1. Entity Name

MILLER CABINETS, INC.



FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000152236			
1. Entity Name			
MILLER CABINETS, INC.			
Principal Place of Business		Mailing Address	
P.O. BOX 1620 GREEN COVE SPRINGS FL 32043		P.O. BOX 1620 GREEN COVE SPRINGS FL 32043	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			



1st MOORE CR2E034 (10/05)

CR2E034 (10/05)

Applied For
Not Applicable

MILLER, MARK 4272 NORTH RD. GREEN COVE SPRINGS FL 32043	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when certifying.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MILLER, MARK		
STREET ADDRESS	P.O. BOX 1620		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS			
CITY-ST-ZIP			
			U00000493473 04/20/06-80006-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dick P. Dillie

MARC P MCCR

4-3-06 '904 449 6613