
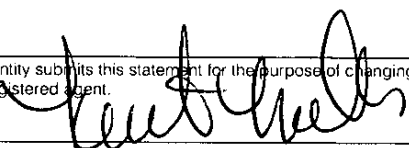
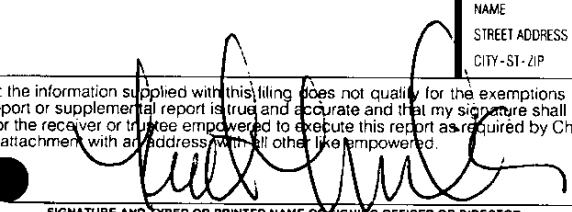


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 022 ***158.75

DOCUMENT # P03000158262 1. Entity Name MILLER'S MOBILE SERVICES, INC.					
Principal Place of Business 8092 HAWTHORNE STREET JACKSONVILLE, FL 32208 US			Mailing Address 8092 HAWTHORNE STREET JACKSONVILLE, FL 32208 US		
2. Principal Place of Business - No P.O. Box # 4320 Gate Lane		3. Mailing Address 4320 Gate Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-0543206	
Zip 32226		Zip 32226		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, KURT L 8092 HAWTHORNE STREET JACKSONVILLE, FL 32208			7. Name and Address of New Registered Agent Name Street Address (No P.O. Box Number, Non-Acceptable) 4320 Gate Lane City Jacksonville FL 32226		
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P	NAME MILLER, KURT L		TITLE 4320 Gate Lane		
STREET ADDRESS 8092 HAWTHORNE STREET	CITY-ST-ZIP JACKSONVILLE, FL 32208		NAME Jacksonville, FL 32226		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
<input type="checkbox"/> Delete			<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  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

40002712



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