


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90728 031 ***150.00

DOCUMENT # P04000000716					
1. Entity Name R. W. MILLER, INC.					
Principal Place of Business 2860 BALLARD OAKS RD JACKSONVILLE, FL 32207			Mailing Address 2860 BALLARD OAKS RD JACKSONVILLE, FL 32207		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		City & State	
4. FEI Number 05-0593216				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COXWELL, SHARON R 2860 BALLARD OAKS RD JACKSONVILLE, FL 32207					
7. Name and Address of New Registered Agent Name: <u>Sharon R. Miller</u> Street Address (P.O. Box Number is Not Acceptable): <u>2860 Ballard Oaks Road</u> <u>Jacksonville</u> City: <u>FL</u> Zip Code: <u>32207</u>					
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>Sharon R. Miller</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/30/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME: <u>D</u> STREET ADDRESS: <u>MILLER, R W JR</u> CITY-ST-ZIP: <u>2860 BALLARD OAKS RD</u> <u>JACKSONVILLE, FL 32207</u>	<input type="checkbox"/> Delete		TITLE NAME: <u>Change</u> <input type="checkbox"/> <u>Addition</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Sharon R. Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/30/04</u> Daytime Phone #: <u>716 9663</u>		