2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2009 JUN -4 P 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000021821

Entity Name

MILLER'S CARPET INSTALLATION, INC.

1st MOORE CR2E034 (10/06)

Principal Place of Business	Mailing Address
~~440 N. PENINSULA DRIVE~~ ~~DAYTONA BEACH FL 32118~~ 792 Little Pine Dr South Daytona FL 32119	~~440 N. PENINSULA DRIVE~~ ~~DAYTONA BEACH FL 32118~~ Same

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2137957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, DALE ~~440 N PENISULA DRIVE~~ 792 Little Pine Dr ~~DAYTONA BEACH FL 32118~~ South Daytona FL 32119	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MILLER, DALE 440 N PENINSULA DRIVE DAYTONA BEACH FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Roberson 440 Division Ave Ormond Beach, FL 32174 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Lambert Everson IV 840 Center Ave. Apt. 91 Holly Hill, FL 32117 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200156795816 06/04/09--01037--016 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 requirement is true and accurate and that my electronic 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: Dale Miller 4-30-09 386-566-6616

Dale Miller