


# 2008 FOR PROFIT CORPORATION. ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90029 025 \*\*\*150.00

<b>DOCUMENT # P04000051244</b>					
<b>1. Entity Name</b> TAD MILLER, P.A.					
<b>Principal Place of Business</b> 3949 EVANS AVE #403 FT. MYERS, FL 33901			<b>Mailing Address</b> 3949 EVANS AVE #403 FT. MYERS, FL 33901		
<b>2. Principal Place of Business - No P.O. Box #</b> 2034 CLARKE AVE.		<b>3. Mailing Address</b> 2034 CLARKE AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Fort Myers FL		<b>City &amp; State</b> Fort Myers FL		<b>4. FEI Number</b> 50-0014008	
<b>Zip</b> 33905		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MILLER, TAD 3949 EVANS AVE #403 FT. MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name: TAD MILLER Street Address (P.O. Box Number is Not Acceptable): 2034 CLARKE AVE City: Fort Myers FL Zip Code: 33905		
<b>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:</b> SIGNATURE: <i>Tad Miller</i> DATE: 21-March 08 <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TAD 3949 EVANS AVE #403 FT. MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAD Miller Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2034 CLARKE AVE Fort Myers FL 33905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b> <i>Tad Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 21-March 08 / (239) 281-6692 <small>Daytime Phone #</small>		