


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90010 039 ***150.00

DOCUMENT # P04000066614 1. Entity Name JEFF MILLER FINISH CARPENTRY, INC.					
Principal Place of Business 1988 SE HIGH SPRINGS DR. PORT ST LUCIE, FL 34952			Mailing Address 1988 SE HIGH SPRINGS DR. PORT ST LUCIE, FL 34952		
2. Principal Place of Business - No P.O. Box # 1049 SW Coleman Ave.		3. Mailing Address 1049 SW Coleman Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St. Lucie FL		City & State Port St. Lucie FL		4. FEI Number 54-2150407	
Zip 34953		Country St. Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ANGELA M 1049 SW COLEMAN AVE PORT ST LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Jeff Miller Street Address (P.O. Box Number is Not Acceptable) 1049 SW Coleman Ave City Port St. Lucie FL Zip Code 34953		
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 Jeff Miller, President/owner <i>[Signature]</i> 2/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JEFFREY E 1049 SW COLEMAN AVE PORT ST LUCIE, FL 34953 <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	VST MILLER, ANGELA M 1049 SW COLEMAN AVE PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/13/08 772-263-1701 <small>Date Daytime Phone #</small>		