

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000066614

1. Entity Name  
JEFF MILLER FINISH CARPENTRY, INC.



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

02-15-2008 90010 039 \*\*\*150.00

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.  
Suite, Apt. #, etc.

3. Mailing Address  
1049 SW Coleman Ave.  
Suite, Apt. #, etc.

City & State  
Port St. Lucie FL

City & State  
Port St. Lucie FL

Zip  
34953

Country  
St. Lucie

Zip  
34953

Country  
St. Lucie

4. FEI Number  
54-2150407

Applied For  
Not Applicable

5. Certificate of Status Desired  \$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

Name  
Jeff Miller

Street Address (P.O. Box Number is Not Acceptable)

1049 SW Coleman Ave

City  
Port St. Lucie Zip Code  
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
2/13/08

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

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	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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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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08 772-263-1701  
Daytime Phone #