



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90055 016 ***150.00

DOCUMENT # P04000078942					
1. Entity Name JEFF MILLS, INC.					
Principal Place of Business 6389 E GRAYSON ST INVERNESS, FL 34452			Mailing Address 6389 E GRAYSON ST INVERNESS, FL 34452		
2. Principal Place of Business 6389 E. Grayson St. Suite, Apt. #, etc.		3. Mailing Address 6389 E. Grayson St. Suite, Apt. #, etc.			
City & State Inverness, FL		City & State Inverness, FL		4. FEI Number 770634638 Applied For Not Applicable	
Zip 34452 Country Citrus		Zip 34452 Country Citrus		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLS, JEFFREY W 6389 E GRAYSON ST INVERNESS, FL 34452			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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: PTSD <input type="checkbox"/> Delete NAME: MILLS, JEFFREY W STREET ADDRESS: 6389 E GRAYSON ST CITY-ST-ZIP: INVERNESS, FL 34452			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-21-05 352 302 4512 Date Daytime Phone #		