

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/9/2005-90038-042-\$150.00-\$150.00

<b>DOCUMENT # P04000114901</b> 1. Entity Name <b>L.G. MILLER INC.</b>						<b>FILED</b>  05 APR -8 PM 3:51  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3905 17 AVE W BRADENTON, FL 34205</b>				Mailing Address <b>3905 17 AVE W BRADENTON, FL 34205</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MILLER, LINDA G 4550 47TH STREET WEST APT. 109 BRADENTON, FL 34210</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3905 17th Ave W</b> City <b>Bradenton</b> FL Zip Code <b>34205</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.  SIGNATURE <u><i>Linda Miller</i></u> (NOTE: Registered Agent signature required when reappointing) DATE _____							
<b>FILE NOW!!! FEB IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing 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 <input type="checkbox"/> Delete <b>MILLER, LINDA G 3905 17 AVE W BRADENTON, FL 34205</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		D <input type="checkbox"/> Delete <b>MILLER, RUSSELL 3905 17 AVE W BRADENTON, FL 34205</b>		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	
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	
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: <u><i>Linda Miller</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/18/05</u>		Daytime Phone # <u>941-746-4799</u>	