

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000117050

1. Entity Name
MILREB INC.



Principal Place of Business
1892 BUFORD BLVD.
TALLAHASSEE, FL 32308

Mailing Address
1892 BUFORD BLVD.
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052007

Chg-P

CR2E034 (12/06)

4. FEI Number
76-0764707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT W III
2270 TRECOTT DRIVE
TALLAHASSEE, FL 32308

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MILLER, ROBERT W III
STREET ADDRESS 2270 TRECOTT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE VST
NAME MILLER, ROBERT E
STREET ADDRESS 1133 W. ORANGE AVE.
CITY-ST-ZIP TALLAHASSEE, FL 32310 ☐ Delete

TITLE D
NAME SMITH, RANDAL H
STREET ADDRESS 12666 145TH ROAD
CITY-ST-ZIP LIVE OAK, FL 32060 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2007 850-671-2029
Date Daytime Phone #

FILED

2007 APR 10 PM 4:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

