

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90097 006 \*\*\*150.00

**DOCUMENT # P05000119832**

1. Entity Name

DOUG MILLER'S BACKHOE SERVICE, INC.



Principal Place of Business

17861 WELLS RD.  
NORTH FT. MYERS, FL 33917

Mailing Address

17861 WELLS RD.  
NORTH FT. MYERS, FL 33917

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3414232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DOUGLAS E  
17861 WELLS RD.  
NORTH FT. MYERS, FL 33917

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

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 : D  
NAME : MILLER, DOUGLAS E  
STREET ADDRESS : 17861 WELLS RD.  
CITY - ST - ZIP : NORTH FT. MYERS, FL 33917

TITLE : D  
NAME : MILLER, CARLA  
STREET ADDRESS : 17861 WELLS RD.  
CITY - ST - ZIP : NORTH FT. MYERS, FL 33917

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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

Douglas E. Miller 3/13/07

Date

Daytime Phone

239-731-  
7635