2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000142214

1. Entity Name

DW MILLER REALTY, INC.



FILED Jan 16, 2008 08:00 A Secretary of State

Principal Place of Business

413 W 13TH ST SANFORD, FL 32771 Mailing Address

413 W 13TH ST SANFORD, FL 32771



| חח | NOT | WRITE | IN | THIS | SPA | CF |
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3653756

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIEDLER, TIMOTHY R ESQUIRE 217 E PLYMOUTH AVE DELAND, FL 32724

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, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | ecing | \$5.00 May Be Added to Fees | | | | | | | |
| 10. | 10. OFFICERS AND DIRECTORS | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS MILLER, DIRK W 923 CRITTENDEN ORANGE CITY, FL 32763 | | | | • | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP T MILLER, WILLIAM P 2555 S. ATLANTIC AVE, #1707 DAYTONA BEACH SHORES, FL 3211 | 18 | | | U00000785762 01/17/08-80014-007 150.00 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | |

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

114/08

407-321-4476

Daylime Phone