

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90032 020 \*\*\*150.00

**DOCUMENT # P06000000719**

1. Entity Name  
**L. MILLER EXCAVATING, INC.**



Principal Place of Business  
**13255 LEWIS GALLAGHER RD.  
DOVER, FL 33527 US**

Mailing Address  
**13255 LEWIS GALLAGHER RD.  
DOVER, FL 33527 US**

40113333

2. Principal Place of Business - No P.O. Box #  
**13261 LEWIS GALLAGHER RD**

3. Mailing Address  
**13261 LEWIS GALLAGHER RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05152007 Chg-P CR2E034 (12/06)

City & State  
**DOVER**

City & State  
**DOVER**

4. FEI Number  
**56-2548918**

Applied For  
Not Applicable

Zip  
**33527**

Country  
**USA**

Zip  
**33527**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**MILLER, LAWRENCE  
13255 LEWIS GALLAGHER RD.  
DOVER, FL 33527**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**13261 LEWIS GALLAGHER RD**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MILLER, LAWRENCE  
13255 LEWIS GALLAGHER RD.  
DOVER, FL 33527** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**13261 LEWIS GALLAGHER RD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MILLER, SUE M  
13255 LEWIS GALLAGHER RD.  
DOVER, FL 33527** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**13261 LEWIS GALLAGHER RD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 empowered.

SIGNATURE: **Sue M. Miller, V. Sue M. Miller V**

**5-14-07**

**813-777-1966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40115331

#P0600000719

Sina-

Thank you for helping  
me with our "Annual  
Report" on Tuesday 4-15-07.  
We did not receive form -  
please note our new  
address for our names,  
business etc..

13261 Lewis Gallagher Rd.

Best regards,  
Sue Miller

P.S. My husband, Larry, has started  
on chemo; + has been very sick also.