

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043674

Entity Name: BONNIE M. MILLER, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

6006 LOVE RIDGE DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

1931 WELBY WAY
STE 1
TALLAHASSEE, FL 32308

Current Mailing Address:

6006 LOVE RIDGE DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

1931 WELBY WAY
STE 1
TALLAHASSEE, FL 32308

FEI Number: 20-8797918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BONNIE M
6006 LOVE RIDGE DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, BONNIE M
Address: 6006 LOVE RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: MILLER, JOSEPH D
Address: 6006 LOVE RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE M. MILLER

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date