

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90024 028 \*\*\*150.00

<b>DOCUMENT # P08788</b> 1. Entity Name <b>AMPAM MILLER MECHANICAL, INC.</b>					
Principal Place of Business <b>1976 AIRPORT INDUSTRIAL PARK DRIVE MARIETTA, GA 30060</b>			Mailing Address <b>1976 AIRPORT INDUSTRIAL PARK DRIVE MARIETTA, GA 30060</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1950 Louis Henna Blvd</b>  Suite, Apt. #, etc.			
City & State 		City & State <b>Round Rock, TX.</b>		4. FEI Number <b>58-1303603</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>78064</b>		Country <b>USA</b>		02012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JOSEPH E 1976 AIRPORT IND PK DR MARIETTA, GA 30060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rick Hillinor 1950 Louis Henna Blvd. Round Rock, TX. 78064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ALICE M 1976 AIRPORT IND. PK. DR. MARIETTA, GA 33060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Terry Reynolds 1950 Louis Henna Blvd. Round Rock, TX. 78064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIANSON, ROBERT A 1976 AIRPORT IND PK DR MARIETTA, GA 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTSV NAGEL, ROBERT C 1950 LOUIS HENNA BLVD ROUND ROCK, TX 78664	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Robert Nagel 1950 Louis Henna Blvd. Round Rock, TX. 78064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIS, ANGELIQUE 1950 LOUIS HENNA BLVD ROUND ROCK, TX 78664	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIMBERLEY, CARL 1950 LOUIS HENNA BLVD ROUND ROCK, TX 78664	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>			<b>Angelique Davis</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/4/05</b> Daytime Phone # <b>512.246.5275</b>		