


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90076 003 ***150.00

DOCUMENT # P92000014105	
1. Entity Name MILLS TRUCKING, INC.	

Principal Place of Business 141 SHADY OAKS CAMPS ST. LAKE WALES FL 33853 US	Mailing Address P O BOX 7175 INDIAN LK ESTATES FL 33855-7175 US
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2. Principal Place of Business 215 INDIAN DR.	3. Mailing Address 215 INDIAN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State RIVERVIEW FL.	City & State RIVERVIEW FL.
Zip 33569	Zip 33569
Country HILLSBORO	Country HILLSBORO



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent MILLS, MARVIN R 141 SHADY OAKS CAMP ST. LAKE WALES FL 33853	
7. Name and Address of New Registered Agent Name MARVIN R. MILLS Street Address (P.O. Box Number is Not Acceptable) 215 INDIAN DR. City RIVERVIEW FL Zip Code 33569	

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 *Marvin R. Mills* **MARVIN R. MILLS** DATE **4/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00; After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MILLS, MARVIN R 141 SHADY OAKS CAMP ST. LAKE WALES FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MARVIN R. MILLS 215 INDIAN DR. RIVERVIEW FL. 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.

SIGNATURE: *Marvin R. Mills* **MARVIN R. MILLS** DATE **4/19/04** DAYTIME PHONE # **813-672-7930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR