## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # P92000014747** 04-22-2004 90029 015 \*\*\*150.00 1. Entity Name MILTON W. MILLER, P.A. Principal Place of Business Mailing Address 94059687 630 U.S. HIGHWAY ONE 630 U.S. HIGHWAY ONE STE. 100 STE. 100 N. PALM BEACH, FL 33408 US N. PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 107 DAVIT DRIVE 107 DAVIT DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01162004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 95-3471255 Not Applicable NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARLENE A. MILLER MILLER, MILTON W Street Address (P.O. Box Number is Not Acceptable) 107 DAVIT DRIVE 630 U.S. HIGHWAY ONE STE. 100 N. PALM BEACH, FL 33408 Zip Code NORTH PALM BEACH 33408 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. X Delete **XX**Addilion DPS ☐ Change TITLE TITLE MILLER, MILTON W NAME NAME DARLENE A. MILLER STREET ADDRESS 630 US HIGHWAY 1 STREET ADDRESS 107 DAVIT DRIVE NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH, 33408 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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

**FILED**