2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

DOCUMENT # P920 1. Entity Name DAVID K. MILLER, P.A.	00014908	
Principal Place of Business	Mailing Address	
215 S MONROE STREET SUITE 400 TALLAHASSEE, FL 32301	215 \$ Monroe Street Suite 400 Tallahassee, Fl. 32301	



DO NOT WRITE IN THIS SPACE

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3156			Applied For Not Applicable	
5. Certificate o	f Status Desired		\$8.75	Additional

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and vite it	Applicable (NOTE Registered	Agent signaturi	a required when reinstating)	DAJE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			1		
Title Mame Street Address City-51-21P	D MILLER, DAVID K 215 S MONROE ST, SUITE 400 TALLAHASSEE, FL 32301				000000463959 03/21/06-80099-002 150.00 DO NOT WRITE IN THIS SPACE		
THE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO			
IDLE NAME STREET ADDRESS CITY-ST-ZIP				IN .			
T(TLE NAME STREET ADURESS CITY-ST-ZIP							
HILE NAME STREET ADORESS CHY-ST-UP	erlify that the information supplied with this fill on this report or supplemental paper is true a						

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 frustee 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: SIGNATURE AND T

ller

David K. Miller

Mar. 10, 2006

850/681-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Caytime Phone #