

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000028141**

**1. Entity Name**  
**MILLS VENTURE GROUP, INCORPORATED**



**Principal Place of Business**  
27564 OLD 41 ROAD  
BONITA SPRINGS, FL 33923 US

**Mailing Address**  
27564 OLD 41 ROAD  
BONITA SPRINGS, FL 34135 US



01132004 No Chg-P CR2E034 (10/03)

**4. Fil Number**  
65-0397642

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MILLS, DANIEL J  
27225 JOLLY ROGER LN  
BONITA SPRINGS, FL 33923

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and filer's application

(NOTE: Registered Agent signature is part of when recording)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

000000028142  
02/04/04-80016-002 158.75

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
P  
MILLS, DANIEL J  
27225 JOLLY ROGER LN  
BONITA SPRINGS, FL 34135

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 affidavit with an address with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

239-947-3177