

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000047152

1. Entity Name  
MILLER ATLANTIC CORP.



Principal Place of Business  
15475 89TH AVE N  
PALM BEACH GARDENS, FL 33418-7344 US

Mailing Address  
15475 89TH AVE N  
PALM BEACH GARDENS, FL 33418-7344 US

**FILED**  
**Jun 02, 2005 08:00 AM**  
**Secretary of State**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0421055

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**

MILLER, ROCK  
15475 89TH AVE NO  
PALM BEACH GARDENS, FL 33418-7344

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

*Rock E. Miller, Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
MILLER, ROCK  
15475 89TH AVE  
PALM BEACH GARDENS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MILLER, ROCK  
15475 89TH AVE, PALM BCH COUNTRY EST  
PALM BEACH GARDENS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000368828  
06/02/05-80002-005 150.00

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:

*Rock E. Miller, Pres.*

4/29/05 561-841-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #