2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000071402

1. Entity Name
W.G. MILLS INC. OF SARASOTA

Principal Place of Business	Mailing Address
8437 TUTTLE AVE. #405 SARASOTA, FL 34243	8437 TUTTLE AVE. #405 SARASOTA, FL 34243

DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0451139

Applied F
Not Appli

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

6. Name and Address of Current Registered Agent

BAKER, STEVEN E
8433 ENTERPRISE CIRCLE
SUITE #210
BRADENTON, FL 34202

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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 ac the obligations of registered agent.

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

FILE NOW!!! 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

000000427830
02/21/06-80023-012 158.75

10.	OFFICERS AND DIRECTORS
TITLE	DCT
NAME	MILLS, WALTER G
STREET ADDRESS	8437 TUTTLE AVE #405
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	DP
NAME	SHARP, LEMUEL III
STREET ADDRESS	8437 TUTTLE AVE #405
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	S
NAME	BAKER, STEVEN E.
STREET ADDRESS	4007 73RD TERRACE EAST
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	HENSEY, TIMOTHY D.
STREET ADDRESS	2806 SARASOTA GOLF CLUB BLVD.
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven E. Baker Secretary 2/3/06 941-901-9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #