FILED
Apr 17, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000073456

1. Entity Name
ROYLEE MILLER II ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1636 LONGBOW LANE CLEARWATER, FL 33764	1636 LONGBOW LANE CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3204575
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, ROYLEE II
1636 LONGBOW LANE
CLEARWATER, FL 33764

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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 accept the obligations of registered agent.

SIGNATURE: _____ DATE
(If changing registered agent, type or print name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, ROYLEE II
STREET ADDRESS	1636 LONGBOW LANE
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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04/28/06-80083-016 150.00

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

SIGNATURE: Roylee Miller II 4/14/06 727 538 8833
(If changing registered agent, type or print name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.) DATE Daytime Phone #