

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90055 048 ***150.00

DOCUMENT # P95000015741 1. Entity Name DON MILLER CONSTRUCTION, INC.					
Principal Place of Business PO BOX 1005 LYNN HAVEN, FL 32444			Mailing Address PO BOX 1005 LYNN HAVEN, FL 32444		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3301583	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
04072008 Chg-P CR2E034 (12/06)					
6. Name and Address of Current Registered Agent MILLER, DON 1020 PIERSON DRIVE LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, DON 1020 PIERSON DRIVE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Director Same	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, MARGARET S 1020 PIERSON DRIVE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer + Director Same	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES T. VICKERS 1026 PIERSON DRIVE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres. + Director	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUZANNE M. VICKERS 1026 PIERSON DRIVE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary + Director	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u>Don Miller</u> President + Director 4/7/08 (850) 265-2998					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					