


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90045 045 \*\*\*150.00

<b>DOCUMENT # P95000050437</b>	
1. Entity Name <b>MILLER EINHOUSE RYMER &amp; BOYD, INC.</b>	

Principal Place of Business <b>500 WIMBERLEY PLACE SUITE 100 MAITLAND, FL 32751 US</b>	Mailing Address <b>500 WIMBERLEY PLACE SUITE 100 MAITLAND, FL 32751 US</b>
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2. Principal Place of Business <b>500 Winderley Place</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Maitland FL</b> Zip <b>32751</b> Country <b>US</b>	3. Mailing Address <b>500 Winderley Place</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Maitland FL</b> Zip <b>32751</b> Country <b>US</b>
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01152004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>CHRISTOPHER, DONALD E 90 N. ORANGE AVE., STE. 2200 ORLANDO, FL 32801</b>	
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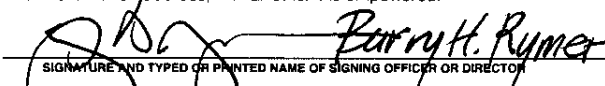
4. FEI Number <b>59-3325996</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, H. DOUGLAS 1631 INDIAN DANCE COURT MAITLAND, FL 32751</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EINHOUSE, JEFFERY D 1563 LYONS CT SOUTH OVIEDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RYMER, BARRY 708 BUCKWOOD DRIVE ORLANDO, FL 32806</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOYD, STEVEN 3306 HARRISON AVENUE ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Boyd, Steven 600 Westminister Street Orlando, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>1/19/04</b> Daytime Phone <b>407-878-8841</b>