

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000063799

1. Entity Name
BETH W. MILLER, P.A.



Principal Place of Business

**645 VASSAR STREET
ORLANDO, FL 32804**

Mailing Address

**645 VASSAR STREET
ORLANDO, FL 32804**



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0605087

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, BETH W
645 VASSAR STREET
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE

**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, BETH W

STREET ADDRESS

645 VASSAR STREET

CITY-ST-ZIP

ORLANDO, FL 32804

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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04/04/06-80030-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Beth W Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06 (407)246-8092

Date

Office Phone