

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000002823

1. Entity Name
RICHARD N. MILIAN, P.A.



FILED
04 JUL -8 AM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
390 N ORANGE AVE
SUITE 1100
ORLANDO, FL 32801

Mailing Address
390 N ORANGE AVE
SUITE 1100
ORLANDO, FL 32801

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



07062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3356320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILIAN, RICHARD N
390 N ORANGE AVE
SUITE 1100
ORLANDO, FL 32801

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) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MILIAN, RICHARD N
STREET ADDRESS 390 N ORANGE AVE SUITE 1100
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000039358140
07/21/04--01005--019 **550.00

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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: RICHARD N. MILIAN, DIRECTOR

7.7.04 407.877.423
Date Daytime Phone #