

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90076 046 ***150.00

DOCUMENT # P96000067032

1. Entity Name
MILLS RIVER TRADING COMPANY



Principal Place of Business
**1800 2ND ST
STE 905
SARASOTA, FL 34236 US**

Mailing Address
**1800 2ND ST
STE 905
SARASOTA, FL 34236 US**

94028805



2. Principal Place of Business
**1800 2nd Street
Suite 810
SARASOTA FL**

3. Mailing Address
**1800 2nd Street
Suite 810
SARASOTA FL**

City & State
SARASOTA FL
Zip
34236
Country
USA

City & State
SARASOTA FL
Zip
34236
Country
USA

03112004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0687900
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**FURTICK, MIKE
1800 SECOND STREET
STE 905
SARASOTA, FL 34236-5992**

7. Name and Address of New Registered Agent
Name
MIKE FURTICK
Street Address (P.O. Box Number is Not Acceptable)
**1800 2nd Street
Suite 810**
City
Sarasota FL
Zip Code
34236

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PVST FURTICK, MIKE 1800 2ND ST STE 905 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MIKE FURTICK 4393 OAK VIEW DR SARASOTA, FL 34232 <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
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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: MIKE FURTICK **MICHAEL H. FURTICK** 3/11/04 (941) 366-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #