


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000068352 1. Entity Name MILLER'S FANTASTIC FOLIAGE, INC.		
Principal Place of Business 17203 SNAPPER LA SUGARLOAF SHORES, FL 33042	Mailing Address 17203 SNAPPER LA SUGARLOAF SHORES, FL 33042	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILLER, JOSEPH M 17203 SNAPPER LA SUGARLOAF SHORES, FL 33042		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP MILLER, JOSEPH M 17203 SNAPPER LA SUGARLOAF SHORES, FL 33042	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, JUDITH 17203 SNAPPER LA SUGARLOAF SHORES, FL 33042	
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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: <u><i>Joseph Miller</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/2/05 305 745-3331 Date Daytime Phone #



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0692924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/09/05-80002-009 150.00