



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90083 018 ***150.00

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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04172007 Chg-P CR2E034 (12/06)		
City & State		City & State				
Zip	Country	Zip	Country			
4. FEI Number 65-0692924		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MILLER, JOSEPH M 17203 SNAPPER LA SUGARLOAF SHORES, FL 33042		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00						
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS						
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				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.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP MILLER, JOSEPH M 17203 SNAPPER LA SUGARLOAF SHORES, FL 33042	<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	ST MILLER, JUDITH 17203 SNAPPER LA SUGARLOAF SHORES, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>Joseph M. Miller</u> 4/17/07 305 745-3331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						