

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90252 034 \*\*\*150.00

**DOCUMENT # P96000073834**

1. Entity Name  
**LAUREL INTERCHANGE CORPORATION**



Principal Place of Business

395 COMMERCIAL CT  
SUITE A  
VENICE, FL 34292 US

Mailing Address

395 COMMERCIAL CT  
SUITE A  
VENICE, FL 34292 US

2. Principal Place of Business

333 S. Tamiami Trail

3. Mailing Address

333 S. Tamiami Trail

Suite, Apt. #, etc.  
Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Venice, FL

City & State

Venice, FL

Zip

34285

Country

Zip

34285

Country

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0692398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL W  
395 COMMERCIAL CT  
SUITE A  
VENICE, FL 34292

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 \$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

TITLE D ☐ Delete  
NAME MILLER, MICHAEL W  
STREET ADDRESS 395 COMMERCIAL CT, SUITE A  
CITY-ST-ZIP VENICE, FL 34292

TITLE D ☐ Delete  
NAME PARRISH, JAYNE E  
STREET ADDRESS 395 COMMERCIAL CT, #A  
CITY-ST-ZIP VENICE, FL 34292

TITLE VPD ☐ Delete  
NAME MILLER, TIMOTHY D  
STREET ADDRESS 395 COMMERCIAL CT, SUITE A  
CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D - Miller, Michael W. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 333 S. Tamiami Trail, Suite 101  
CITY-ST-ZIP Venice, FL 34285

TITLE D - Parrish, Jayne E. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 333 S. Tamiami Trail, Suite 101  
CITY-ST-ZIP Venice, FL 34285

TITLE VPD - Miller, Timothy D. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 333 S. Tamiami Trail, Suite 101  
CITY-ST-ZIP Venice, FL 34285

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

941-441-1380

Daytime Phone #