2004 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2004 8:00 am Secretary of State **DOCUMENT # P97000038983** 1. Entity Name 02-16-2004 90050 008 ***158.75 E.A. MILLER CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 3021 PAUL BUCKMAN HWY ZEPHYRHILLS FL 33540 3021 PAUL BUCKMAN HWY ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 56-0928913 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered CAROL ATKINS, CAROL Street Address (P.O. Box Number is Not Acceptable) 3021 PÁUL BUCKMAN HWY ZEPHYRHILLS FL 33540 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition TIDE TITLE MILLER, EDWARD A. NAME NAME P.O. BOX 185 N/A STREET ADDRESS STREET ADDRESS LACOOCHEE FL 33537 CiTY-ST-ZIP CITY-ST-ZIP VD. J 57, ☐ Delete Change Addition TITLE TITLE ATKINS, CAROL NAME NAME STREET ADDRESS 3021 PAUL BUCKMAN HWY STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP City-St-7IF ■ Addition TITLE ☐ Delete CORDER, CHERYL NAME NAME STREET ADDRESS STREET ADDRESS 6095 PARWAY DRIVE CITY-ST-7IP CITY-ST-ZIP RIDGE MANOR FL 83523 ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Detete NAME NAME STREET ADDRESS 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

ING OFFICER OR DIRECTOR

FILED