



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000055535</b> 1. Entity Name MILLS WOOD PRODUCTS, INC.	
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Principal Place of Business 170 HWY 20 WEST PALATKA, FL 32177	Mailing Address 170 HWY 20 WEST PALATKA, FL 32177
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<b>DO NOT WRITE IN THIS SPACE</b>
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01282004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-3478936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MILLS, SILAS J 170 HWY 20 WEST PALATKA, FL 32177
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.</small>	(NOTE, Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, SILAS J 170 HWY 20 WEST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, HELEN T 170 HWY 20 WEST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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>Helent Mills - Helent Mills</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-29-04 (386) 328-4343</u> <small>Date Daytime Phone #</small>