

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000098507

1. Entity Name
MILLER, LEE & MCCARROLL, INC.



Principal Place of Business
**1610 S. 8TH STREET
FERNANDINA BEACH, FL 32034**

Mailing Address
**1610 S. 8TH STREET
FERNANDINA BEACH, FL 32034**

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3484944	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHISM, LORIE L
1610 S 8TH ST.
FERNANDINA BEACH, FL 32034**

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000842154
03/11/08-80021-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, DAVID F SR.
STREET ADDRESS	68 MARSH CREEK DR.
CITY-ST-ZIP	AMELIA ISLAND, FL 32034

TITLE	DV
NAME	LEE, ROY D
STREET ADDRESS	1564 S. FLETCHER AVE.
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

TITLE	DTS
NAME	CHISM, LORIE L
STREET ADDRESS	4454 PINEY ISLAND COURT
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 or other like empowered

SIGNATURE: *David F Miller Sr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08 *904-277-6727*
Date Daytime Phone #