

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90047 009 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P98000000630</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>FLORALMILL CORPORATION   |  |   |   |  |  |
| <b>Principal Place of Business</b><br>553 MILESTONE BLVD.<br>CANTONMENT, FL 32533   |  |   | <b>Mailing Address</b><br>553 MILESTONE BLVD.<br>CANTONMENT, FL 32533   |  |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b><br>2159 W. NINE MILE RD   |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b><br>PENSACOLA, FLORIDA   |   | <b>4. FEI Number</b><br>59-3490841   |  |
| <b>Zip</b>  |  | <b>Country</b><br>ESCAMBIA  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 32534   |  | 32534   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MILLER, JOHN S JR.<br>553 MILESTONE BLVD.<br>CANTONMENT, FL 32533   |  |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |  |
| <b>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.</b>  |  |   |   |  |  |
| SIGNATURE: <span style="float: right;">3/14/05</span><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br>PT  | <b>NAME</b><br>MILLER, JOHN S JR.          |   | <input type="checkbox"/> Delete   |  |  |
| <b>STREET ADDRESS</b><br>553 MILESTONE BLVD.  | <b>CITY-ST-ZIP</b><br>CANTONMENT, FL 32533 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>TITLE</b><br>VPS   | <b>NAME</b><br>MILLER, CAROLYN RENEE       |   | <input type="checkbox"/> Delete   |  |  |
| <b>STREET ADDRESS</b><br>553 MILESTONE BLVD.  | <b>CITY-ST-ZIP</b><br>CANTONMENT, FL 32533 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>TITLE</b><br>  | <b>NAME</b>                                |   | <input type="checkbox"/> Delete   |  |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>TITLE</b>  | <b>NAME</b>                                |   | <input type="checkbox"/> Delete   |  |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>TITLE</b>  | <b>NAME</b>                                |   | <input type="checkbox"/> Delete   |  |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>TITLE</b>  | <b>NAME</b>                                |   | <input type="checkbox"/> Delete   |  |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b>   |  |   | 3/14/05 (850) 465 7673  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>JOHN S. MILLER, JR.   |  |   |   |  |  |