## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000019582

Address:

City-St-Zip:

9035 EASTERLING DR.

ORLANDO, FL 32819

Entity Name: INGERSOLL, MILLER CORPORATION

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TERLING DRIND, FL 32819	/E			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
9035 EASTERLING DR. ORLANDO, FL 32819 US		9035 EASTERLING DRIVE ORLANDO, FL 32819			
FEI Number	: 59-3590713	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
200 SOUT 1220	ALEXANDER, TH ORANGE A D, FL 32801 L	VE.			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
		nic Signature of Registered Ag	ent	Date	
Election Cai	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP ( ) FITZGIBBON, N 6208 MASTER: ORLANDO, FL	S BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ) FITZGIBBON, M RD #2 QUILLIA WESTFIELD, N	M RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ) FITZGIBBON, M 21565 ABERDI ROCKY RIVER	EEN RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TS ( ) FITZGIBBON, N	) Delete //ATTHEW	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MATTHEW J FITZGIBBON TS 01/24/2008