## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000039682

Entity Name: MILLER FAMILY ENTERPRISES, INC.

FILED Feb 08, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4921 SOUTHFORK DRIVE LAKELAND, FL 33813				121 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33813	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	HOLLINGSWO D, FL 33813	ORTH DRIVE			
FEI Number	: 59-3509958	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:	
	ORAIG A ITHFORK DRI <sup>1</sup> D, FL 33813	VE US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	V ( OGLESBY, CA 115 ELM COUI LAKELAND, FL	₹Т	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MILLER, MARI	LINGSWORTH DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MOORE, PATR	BOROUGH ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	MILLER II, TRU	) Delete JMAN W LL PLAINS ROAD	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: CAROLYN M OGLESBY V 02/08/2007

ANNAPOLIS, MD 21401

City-St-Zip: