


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000049200 1. Entity Name MILLER INVESTMENTS & PROPERTY MANAGEMENT, INC.	
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Principal Place of Business 318 SHADOW BAY BOULEVARD N PO BOX 915726 LONGWOOD, FL 32779	Mailing Address 318 SHADOW BAY BOULEVARD N PO BOX 915726 LONGWOOD, FL 32779
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05302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3523976	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MILLER, LYNDIA
318 SHADOW BAY BLVD. N
LONGWOOD, FL 32779**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LYNDIA 318 SHADOW BAY BOULEVARD N LONGWOOD, FL 32779
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06/06/06-80001-009 150.00

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/06 407-620-2924
Date Daytime Phone #