

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90757 039 \*\*\*150.00

**DOCUMENT # P98000064426**

1. Entity Name  
**ED MILLER'S AUTO CARE, INC.**



Principal Place of Business  
**4601-C GANDY BLVD.  
TAMPA, FL 33611**

Mailing Address  
**4601-C GANDY BLVD.  
TAMPA, FL 33611**



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3525165**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MILLER, EDWIN  
4601-C GANDY BLVD.  
TAMPA, FL 33611**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	MILLER, EDWIN
STREET ADDRESS	4601-C GANDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	DVPT
NAME	WATSON, PHYLLIS C
STREET ADDRESS	4601-C GANDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Edwin Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWIN MILLER PRES.**

**4-28-04**  
Date

**(813) 831-1719**  
Daytime Phone #