


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90082 021 ***150.00

DOCUMENT # P98000090014

1. Entity Name
MILLNER ENTERPRISES, INC.



Principal Place of Business
**3505 TARPON WOODS BOULEVARD
 K-401
 PALM HARBOR, FL 34686**

Mailing Address
**3505 TARPON WOODS BOULEVARD
 K-401
 PALM HARBOR, FL 34686**

94053130



2. Principal Place of Business
3505 Tarpon Woods Blvd
 Suite, Apt. #, etc.
K-401

3. Mailing Address
3505 Tarpon Woods Blvd
 Suite, Apt. #, etc.
K-401

04082004 Chg-P CR2E034 (10/03)

City & State
Palm Harbor, FL

City & State
Palm Harbor

Zip
34685 Country
USA

Zip
34685 Country
USA

4. FEI Number
59-3529196

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLNER, HAROLD L
 1036 WINDING WILLOW DRIVE
 NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name
Harold L. Millner

Street Address (P.O. Box Number is Not Acceptable)
3505 Tarpon Woods Blvd. #K-401

City
Palm Harbor **FL** Zip Code
34685

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 *Harold L. Millner* DATE *4/12/04*

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

**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 P	<input type="checkbox"/> Delete
NAME MILLNER, JUDITH H	
STREET ADDRESS 1006 WINDING WILLOW DRIVE	
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
TITLE SST	<input type="checkbox"/> Delete
NAME MILLNER, HAROLD L	
STREET ADDRESS 1006 WINDING WILLOW DRIVE	
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>3505 Tarpon Woods Blvd #K-401</i>	
CITY-ST-ZIP <i>Palm Harbor, FL 34685</i>	
TITLE <i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>3505 Tarpon Woods Blvd. #K-401</i>	
CITY-ST-ZIP <i>Palm Harbor, FL 34685</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Harold L. Millner* DATE *4/12/04* 727-781-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR