


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
City & State
Palm Harbor, FL
Zip
34685
Country
USA**

3. Mailing Address
**3505 Tarpon Woods Blvd
Suite, Apt. #, etc.
K-401
City & State
Palm Harbor
Zip
34685
Country
USA**

04082004 Chg-P CR2E034 (10/03)

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
1006 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

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

(NOTE: Registered Agent signature required when reinstating)

4/12/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 727-781-6350

DATE

Daytime Phone #