

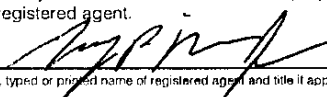
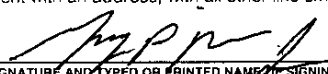


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000033560 1. Entity Name MILLER ENTERPRISES OF POLK COUNTY, INC.						FILED 04 DEC 17 PM 5:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 150 GALLOWAY ROAD WINTER HAVEN, FL 33880				Mailing Address P O BOX 152 EAGLE LAKE, FL 33839-0152			
2. Principal Place of Business		3. Mailing Address		12152004 Chg-P CR2E034 (10/03)		4. FEI Number 65-3982244	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent MILLER, GEORGE P JR 150 GELLOWY RD WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name George P. Miller Jr. Street Address (P.O. Box Number is Not Acceptable) 150 Galloway Rd. City Winter Haven FL Zip Code 33880			
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  12-16-04 George P. Miller Jr.							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MILLER, GEORGE P <input type="checkbox"/> Delete 150 GALLOWAY ROAD WINTER HAVEN, FL 33880			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P George P. Miller Jr. 150 Galloway Road Winter Haven, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Randall S. Miller 150 Galloway Road Winter Haven, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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"/> Delete			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:  12-16-04 George P. Miller Jr. 863-294-2452							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							