

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 002 ***150.00

DOCUMENT # P99000033560

1. Entity Name
MILLER ENTERPRISES OF POLK COUNTY, INC.



Principal Place of Business
150 GALLOWAY ROAD
WINTER HAVEN, FL 33880

Mailing Address
P O BOX 152
EAGLE LAKE, FL 33839-0152

50007735



2. Principal Place of Business

3. Mailing Address

335 Havendale Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232006

Chg-P

CR2E034 (11/05)

City & State

City & State
Auburndale FL

4. FEI Number
65-3982244

Applied For
Not Applicable

Zip

Country

Zip
33823

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, GEORGE P JR.
150 GALLOWAY RD.
WINTER HAVEN, FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

335 Havendale Blvd.

City

Auburndale

FL

Zip

33823

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
P
MILLER, GEORGE P JR.
150 GALLOWAY ROAD
WINTER HAVEN, FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
335 Havendale Blvd.
Auburndale, FL 33823 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
V
MILLER, RANDALL S
150 GALLOWAY ROAD
WINTER HAVEN, FL 33880 ☐ Delete

TITLE
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CITY-ST-ZIP
335 Havendale Blvd.
Auburndale, FL 33823 ☒ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #