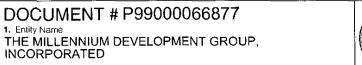
## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**





**FILED** Mar 08, 2004 8:00 am Secretary of State 03-08-2004 90051 048 \*\*\*150.00

THE MILL INCORPO	ENNIUM DEVELOPMENT									
Principal Place of Business  3500 BURNT STORE RD CAPE CORAL, FL 33993 US  Mailing Address PO DRAWER 603 FORT MYERS, FI					4   D	24U11333				
2. Principal P	lace of Business	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02252004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Numb 65-093			No	plied For t Applicable	
Žip	Country			ry		Certificate of Status Desired				
6Name and Address of Current Registered Agent				Name .	7. Name and	Address of New R	egistered A	gent		
ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907					ess (P.O. Box Numb	er is Not Acceptable	9)			
	÷	•		City			FL	Zip Code	e	
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 F Trust Fund Contribut				~ —	\$5.00 May Be Added to Fees		··			
10.	OFFICERS AND DIRECTORS  PS  Delete			<del>.</del>	ADDITIONS;	CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	PS			- 1				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VPT Detete OSBORN, WARREN 23 BRINKER ROAD BARRINGTON HILLS, IL 60010			1				☐ Change	☐ Addition	
NAME		□ Delete		- 1		بالدين الدين ا		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		I .		£ 44214502	Carrier Will	Change	Addition	
NAME STREET ADDRESS	া বিভাগ কৰিছে । বিভাগ বিভাগ কৰিছে । বিভাগ বিভাগ কৰিছে । বিভাগ বিভাগ বিভাগ বিভাগ	☐ Delete	TITLE NAME	, ,	CONTRACTOR			☐ Change	Addition	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-	ST. ZIP	in Section 119.07(3)	(i); Florida Statutes.	further certi	fy that the in	formation	

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 trusfee 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 an other like empowered. 

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR