

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-18-2005 90040 029 ***550.00

DOCUMENT # P99000106199 1. Entity Name PHILLIP MILLER CO.																							
Principal Place of Business P.O. BOX 3502 APOLLO BEACH, FL 33572			Mailing Address P.O. BOX 3502 APOLLO BEACH, FL 33572																				
2. Principal Place of Business		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
6. Name and Address of Current Registered Agent VERNER, ED. 110 E. BEVNOLOS ST. SUITE 700 PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name Ed Verner Street Address (P.O. Box Number is Not Acceptable) 110 E. Reynolds St. Suite 700 City Plant City FL Zip Code 33563																			
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: DATE: 7/15/05 Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																							
FILE NOW! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VERNER, ED</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PO BOX 1118 PLANT CITY, FL 33564</td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	STREET ADDRESS	VERNER, ED		CITY - ST - ZIP	PO BOX 1118 PLANT CITY, FL 33564		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY - ST - ZIP		
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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: (Pres.) DATE: 8/18/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							