## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66877

Name:

Address:

City-St-Zip:

LASSKO, RAYMOND,

ALVA, FL 33920

16490 OAKVIEW CIRCLE

Entity Name: WILLIAM J. MILLS JR, INC.

FILED Apr 25, 2005 Secretary of State

| •   |                                 |  |   |  |  |
|---|---------------------------------|--|---|--|--|
| Current P                                   | rincipal Plac                   | e of Business:                         | New Principal Place                         | New Principal Place of Business:             |  |
| 3898 KING<br>OVIEDO, F                      | SSTON OAK C<br>FL 32765 (       | COVE<br>JS                             |   |  |  |
| Current Mailing Address:                    |                                 |  | New Mailing Addres                          | New Mailing Address:                         |  |
| 3898 KING<br>OVIEDO, F                      | SSTON OAK C<br>FL 32765 (       | OVE<br>JS                              |   |  |  |
| FEI Number                                  | : 59-3086367                    | FEI Number Applied For()               | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of                      | Current Registered Agent:              | Name and Address                            | Name and Address of New Registered Agent:    |  |
|   | e named entity<br>e of Florida. | JS<br>submits this statement for the រ | ourpose of changing its registere           | ed office or registered agent, or both,      |  |
|   | Electro                         | nic Signature of Registered Ag         | ent   | Date   |  |
| Election Car                                | mpaign Financir                 | g Trust Fund Contribution ( ).         |   |  |  |
| OFFICERS AND DIRECTORS:                     |                                 |  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MILLS, WILLIA                   | ON OAKS COVE                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MILLS, BARBA                    | ON OAKS COVE                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:                                      | D (                             | ) Delete                               | Title:                                      | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA MILLS VP 04/25/2005