

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90031 008 \*\*\*150.00

**DOCUMENT # S70218**

1. Entity Name  
W. G. MILLS INC. OF SOUTHWEST FLORIDA



Principal Place of Business  
3301 WHITFIELD AVENUE  
SARASOTA, FL 34243

Mailing Address  
3301 WHITFIELD AVENUE  
SARASOTA, FL 34243

**40042243**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0293536

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHARP, LEMUEL III  
3301 WHITFIELD AVENUE  
SARASOTA, FL 34243

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCI MILLS, WALTER G. 3301 WHITFIELD AVENUE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHARP, LEMUEL III 3301 WHITFIELD AVENUE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAKER, STEVEN E. 4007 73RD TERRACE E SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HENSEY, TIMOTHY 2806 SARASOTA GOLF CLUB BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steven E. Baker*

*3/28/05*

*941-758-6441*

Date

Daytime Phone #