2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S70218

1. Entity Name

W. G. MILLS INC. OF SOUTHWEST FLORIDA



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

3301 WHITFIELD AVENUE SARASOTA, FL 34243

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DO NOT WRITE IN THIS SPACE

03082007 No Chg-P C

CR2E034 (11/05)

4, FEI Number 65-0293536

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SHARP, LEMUEL III 3301 WHITFIELD AVENUE SARASOTA, FL 34243

STREET ADDRESS

DO NOT WRITE IN THIS SPACE

					THO OT NOL
	named entity submits this statement for the pons of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT MILLS, WALTER G. 3301 WHITFIELD AVENUE SARASOTA, FL	_			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DP SHARP, LEMUEL III 3301 WHITFIELD AVENUE SARASOTA, FL				
NAME STREET ADDRESS CITY -ST - ZIP	S BAKER, STEVEN E. 4007 73RD TERRACE E SARASOTA, FL			DO NOT WRITE	
TITLE NAME STREET ADORESS GITY-ST-ZIP	VP HENSEY, TIMOTHY 2806 SARASOTA GOLF CLUB BLVD SARASOTA, FL		IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					U00000753015 05/22/07-80004-010 150.00
TITLE					

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 affect 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 of the receiver of trustee empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

r Secretary +

941-907-904