


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V49375</b> 1. Entity Name MILLER'S CUSTOM PARTS, INC.	
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Principal Place of Business 1863 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	Mailing Address 1863 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119
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01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3132470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

MILLER, IDA MAY  
126 CONE RD  
ORMOND BEACH, FL 32174

**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, 2006 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	PD MILLER, GEORGE E 126 CONE RD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MILLER, IDA MAY 126 CONE RD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP1 MILLER, BRIAN K 1234 THOMASIA DR. PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP2 MILLER, GEORGE E JR. 310 OLIVE ST. DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000427241  
02/20/06-80075-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:** Ida May Miller, Secy. 2/5/06 386-761-0958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #