

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000113279

1. Entity Name
MILLENNIUM EAGLE ENTERPRISES, INC.



Principal Place of Business
800 OCALA ROAD
SUITE 300
TALLAHASSEE, FL 32304

Mailing Address
800 OCALA ROAD
SUITE 300
TALLAHASSEE, FL 32304

FILED

07 MAR -6 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052007 No Chg-P CR2E034 (11/05) 07

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3758323 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINTERS, DONALD E
2608 LUCERNE DRIVE
TALLAHASSEE, FL 32303

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

700092304527
03/13/07--01006--006 **150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WINTERS, DONALD E
STREET ADDRESS	2608 LUCERNE DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32303
TITLE	V
NAME	VALENTINE, STEVEN S
STREET ADDRESS	425 TEAL LANE
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

060-375-4488