## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2005 8:00 am Secretary of State

	MINION L	. IVE1 OIV1			Sacrate	ara of C	tata	
DOCUMENT # P04000021884  1. Entity Name MILLENNIUM REBAR INC.					Secretary of State 01-14-2005 90015 011 ***150.00			
Principal Place	e of Business	Mailing Address						
9830 EVANS		9830 EVANS RD		) A	0001240			
POLK CITY, F		POLK CITY, FL 33868		_   A	0001240	•		
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2. Principal P	lace of Business	3. Mailing Address /						
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Suite, Apt.		Suite, Apt. #. etc.	ning 110					
	w, 010.	Sale, Apr. 4, ou.	,	01042005	Chg-P	CR2E034 (10/03)	)	
City & State		City & State		4 SELNI-		1 14	polied For	
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LIGUT CI	19 1 (-	Plantcity, F	<u></u>	120 1	17.100 <sub>0</sub>		lot Applicable	
3 7 6 C	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 A	ditional	
<i>33560</i>	) LusA	1.53.560	<u> </u>			Fee Requir	ea	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent		
	_		Name	//.'a# -	Tankcon			
JACKSON, ELLIOTT				7/0/1	ACTO DI	<del></del>		
9034 EVAI43 KD				ess (P.O. Box Numb	er is Not Acceptable;		•	
POLK CITY, FL 33868								
			- 134/ス	Toold C	ountry F	lace		
			City 17/	+ - 1.	7	Zip Co	de , , o	
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	named entity submits this statement to	or the purpose of changing its rec	gistered office or re	gistered agent, Ør bo	th, in the State of Flor	ida. I am familiar with	i, and accept	
the obligations of registered agent.								
CICNATURE								
SIGNATURE								
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En	E NOW!!! FEE IS \$150.00	9. Election Campaign	Financing	\$5.00 May Be				
	ay 1, 2005 Fee will be \$550.	1		Added to Fees				
						· .		
10.	OFFICERS AND	DIRECTORS	11.		CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11	
TITLE .	PVST	Detete		VST _	11:14	<b>⊡</b> *Change	Addition	
NAME	JACKSON, ELLIOTT		NAME 3	ackson H	1,011	10/2 · -		
STREET ADDRESS	9830 EVANS RD	•	STREET ADDRESS 7	3412 Todd	country ,	pace		
CITY-ST-ZIP	POLK CITY, FL 33868			Plant crty	PC 3350	66		
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NAME	JACKSON, MARTHA	C Velets	NAME	Tackson 1	lantha	TN OFFICE		
STREET ADDRESS	9830 EVANS RD		STREET ADDRESS 2	412 Toda	country 1	doco		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	7121044		111		
			GIT-SI-ZIF	Plant city	FL 335	66		
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NAME	HALL, SHANNON		NAME 8	Hall shap	10/1	ه مامر		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Section 119.07(3)	i), Florida Statutes. I			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby a indicated	certify that the information supplied with on this report or supplemental report in continuous or the receiver or instead or or the second or or the second or	n this filling does not qualify for th s true and accurate and that my	STREET ADDRESS CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS CITY-ST-ZEP  e excemption stated signature shall have	in Section 119.07(3), e the same legal effec	i), Florida Statutes, I t as if made under o	further certily that the	information or or director	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby a indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or frustee emp or on an attachment with an address.	n this filling does not qualify for the owered to execute this report as	STREET ADDRESS CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS CITY-ST-ZEP  e excemption stated signature shall have	in Section 119.07(3) e the same legal effec ar 607, Florida Statute	i), Florida Statutes, i d as if made under o s; and that my name	further certily that the	information or or director	