


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000021884**

1. Entity Name  
**MILLENNIUM REBAR INC.**



Principal Place of Business  
**3412 TODD COUNTRY PLACE  
 PLANT CITY, FL 33566**

Mailing Address  
**3412 TODD COUNTRY PLACE  
 PLANT CITY, FL 33566**

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**36-4547302** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JACKSON, ELLIOTT  
 3412 TODD COUNTRY PLACE  
 PLANT CITY, FL 33566**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	PVST JACKSON, ELLIOTT 3412 TODD COUNTRY PLACE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MARTHA 3412 TODD COUNTRY PLACE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, SHANNON 3412 TODD COUNTRY PLACE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000392010  
 01/24/06-80064-008 150.00

**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: Elliott Jackson 1/14/06 863-469-849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Elliott Jackson*