

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90456 029 ***150.00

DOCUMENT # P02000010797

1. Entity Name
CLUB MILLENNIUM INC.



Principal Place of Business
**677 WIMER AVENUE
ORLANDO, FL 32811**

Mailing Address
**1132 CLIMBING ROSE DR
ORLANDO, FL 32818**

24073622



DO NOT WRITE IN THIS SPACE

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2978637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUSSELL, FAITH
1132 CLIMBING ROSE DR.
ORLANDO, FL 32818**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	RUSSELL, FAITH
STREET ADDRESS	1132 CLIMBING ROSE DR.
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	DP
NAME	RUSSELL, DONNA
STREET ADDRESS	1132 CLIMBING ROSE DR.
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	DP
NAME	TAYLOR, FAITH
STREET ADDRESS	1132 CLIMBING ROSE DR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Telephone #

04-30-07p