

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000001948 1. Entity Name MILLENNIUM SOUTHERNMOST, INC.	
---	---

Principal Place of Business 305 DUVAL STREET KEY WEST, FL 33040	Mailing Address 1475 WINTON ROAD MOUNT PLEASANT, SC 29464
---	---

DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1681434	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent REED, JAMES W 6 CALLE DOS KEY WEST, FL 33040

**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)

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	000000674350 02/22/07 00000015 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REED, JAMES W 6 CALLE DOS KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REED, MARY M 1475 WINTON ROAD MOUNT PLEASANT, SC 29464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUNTHER, JEFF 17074 KINGFISH LANE WEST SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUNTHER, KERRY A 17074 KINGFISH LANE WEST SUGARLOAF KEY, FL 33042
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: 	3/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #