
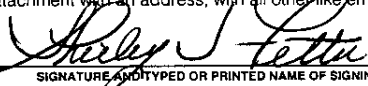


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90040 019 ***150.00

DOCUMENT # P00000002972 1. Entity Name MILLENNIUM MORTGAGE OF THE TREASURE COAST, INC.					
Principal Place of Business 27 E. OCEAN BLVD. STUART, FL 34994			Mailing Address PO BOX 1127 STUART, FL 34995		
2. Principal Place of Business 3601 E. OCEAN BLVD		3. Mailing Address			
Suite, Apt. #, etc. SUITE 103		Suite, Apt. #, etc.			
City & State STUART FL		City & State			
Zip 34996		Country MARTIN		4. FEI Number 65-0974676	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FETTER, SHIRLEY J 4183 S.W. MALLARO CREEK TRAIL PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MALLARD City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FETTER, SHIRLEY J 4183 SW MALLARO CREEK TRAIL PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALLARD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			3.30.04		772.781.1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

44024634



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0974676 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FETTER, SHIRLEY J
4183 S.W. MALLARO CREEK TRAIL
PALM CITY, FL 34990

Name
Street Address (P.O. Box Number is Not Acceptable)
MALLARD
City **FL** Zip Code

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
DPST
FETTER, SHIRLEY J
4183 SW MALLARO CREEK TRAIL
PALM CITY, FL 34990

TITLE
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.30.04

Date

772.781.1818

Daytime Phone #