

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90184 022 ***150.00

DOCUMENT # P00000053316					
1. Entity Name MILLENNIUM 2000 CONSTRUCTION CORPORATION					
Principal Place of Business 656-E NE CAPITAL CIRCLE SUITE E TALLAHASSEE, FL 32301			Mailing Address 656-E NE CAPITAL CIRCLE SUITE E TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3649324	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WATERS, THOMAS DON 2128 WEMBLEY WAY TALLAHASSEE, FL 32308				Name <u>Waters, Thomas Don</u> Street Address (P.O. Box Number is Not Acceptable) <u>44 S. Ojibwa Rd.</u> City <u>Monticello</u> FL Zip Code <u>32344</u>	
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 <u>Thomas Don Waters</u> <u>[Signature]</u> <u>April 25, 06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WATERS, THOMAS DON <input type="checkbox"/> Delete 2128 WEMBLEY WAY TALL, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Waters, Thomas Don</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>44 S. Ojibwa Rd.</u> <u>Monticello, FL 32344</u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>[Signature]</u> <u>April 25, 06</u> <u>942-7002</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40066305



04242006 Chg-P CR2E034 (11/05)

ATTACHMENT

40066305
#P10000053316

Summary of Comments on CR2E034 Chg-P

Page: 1

Sequence number: 1
Author: Owner
Subject: Replacement Text
Date: 4/24/2006 3:20:09 PM
T 44 S. Ojibwa Rd.Monticello, FL 32344
A

Sequence number: 2
Author: Owner
Subject: Inserted Text
Date: 4/25/2006 12:28:26 PM
T 44 S. Ojibwa Rd.Monticello, FL 32344
A

Sequence number: 3
Author: Owner
Subject: Replacement Text
Date: 4/25/2006 12:26:34 PM
T 44 S. Ojibwa Rd.Monticello, FL 32344
A

Status
Owner Completed 4/25/2006 12:26:04 PM
Status
Owner Confirmed 4/25/2006 12:26:12 PM
