

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000054173

1. Entity Name

MILLENNIUM REAL PROPERTY INVESTMENTS, INC.



Principal Place of Business

**P.O. BOX 5363
SARASOTA, FL 34277**

Mailing Address

**P.O. BOX 5363
SARASOTA, FL 34277**

DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1023673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALVANO, WILLIAM S
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205**

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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, 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	DP
NAME	HRONCICH, NICHOLAS
STREET ADDRESS	P.O. BOX 5363
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	DT
NAME	HRONCICH, CARMEN
STREET ADDRESS	P.O. BOX 5363
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	DV
NAME	HRONCICH, JOHN
STREET ADDRESS	P.O. BOX 5363
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	DS
NAME	HRONCICH, ANTHONY
STREET ADDRESS	P.O. BOX 5363
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/06-R0030-024 150.00

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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/06