2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000059929



FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Name MILLENNIUM AIR CONTROL CORP.							04-17-2006	90390 (033 ***15	50.00
6455 HIGHWAY 60 EAST				Mailing Address 6455 HIGHWAY 60 EAST LAKE WALES, FL 33898		41	1A210a e			
2. Principal P	lace of Busir	ness	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04032006	Chg-P	CR2E	034 (11/05)	
City & State			City & State			4. FEI Number 59-371			<u> </u>	pplied For ot Applicable
Zip Country		Zīp	Zip Country			of Status Desired		\$8.75 Ad Fee Require	ditional	
	and Address of Currer	nt Registered Agent	<u> </u>	1	7. Name and	Address of New R	egistered			
o. name and Address of Corrent registered Agent					Name					
CARSON, 6455 HIGH	WAY 60	EAST				(P.O. Box Numb	er is Not Acceptable	·)		
LAKE WAI	LES, FL 3	33898								
					City			FI	Zip Cod	ie
	named entit tions of regist		for the purpose of changing it	s register	ed office or registe	ered agent, or bo	th, in the State of Flo	vida, lam	a familiar with	, and accept
SIGNATURES	Signature, typed	or printed name of registered age	nt and title if applicable. (NC	TE: flegistere	d Agent signature require	ed when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign File Trust Fund Contribution										
						5.00 May Be ided to Fees				
	ay 1, 200	6 Fee will be \$550			☐ Ad	ided to Fees	CHANGES TO OFF	ICERS AN		
After Ma	ay 1, 2000 P	6 Fee will be \$550 OFFICERS AN	Trust Fund Cor	itribution.	E Åd	ided to Fees	CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 11
After Ma	P CARSON	6 Fee will be \$550	D.00 Trust Fund Cor	11.	E Åd	ided to Fees	CHANGES TO OFF	ICERS AN		
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Thereby, certify that the Information supplied with this hilling boes not goaling for the exhibitors contained in Chapter 119, Finding a dataties. Further than indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oall; 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