## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000105391

Entity Name: MILLENNIUM TRANSPORT & TOWING, INC.

FILED Jan 18, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

8024 ANDERSON ROAD TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

PO BOX 15717 11303 STANCY LEE CT TAMPA, FL 336845717 RIVERVIEW, FL 33569

FEI Number: 59-3684855 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUFF, MIKE MOISES, VALDES 8024 ANDERSON ROAD 8024 ANDERSON ROAD TAMPA, FL 33624 US TAMPA, FL 33624 US

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.

SIGNATURE: MOISES VALDES 01/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VPD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 RUFF, MIKE
 Name:
 VALDES, MOISES

 Address:
 8024 ANDERSON ROAD
 Address:
 8024 ANDERSON ROAD

 Address:
 8024 ANDERSON ROAD
 Address:
 8024 ANDERSON ROAD

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 TAMPA, FL 33624

Title: ( ) Delete Title: V ( ) Change (X) Addition

 Name:
 Name:
 VALDES, ALAN

 Address:
 Address:
 8024 ANDERSON ROAD

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES VALDES PD 01/18/2005