2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90018 044 ***150.00

DOCUMENT # P01000015169

1. Entity Name
MILLENNIUM MOTORS AND IMPORTS, INC.

Principal Place of Business
~~2231 BEE RIDGE RD.~~
SARASOTA, FL ~~34239~~

Mailing Address
~~4343 CLARK ROAD~~
SARASOTA, FL ~~34233~~

94018708

2. Principal Place of Business: 7667 15th St. EAST	3. Mailing Address: 7667 15th St. EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34243 Country: USA	Zip: 34243 Country: USA

02122004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1075566 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~TURNER, CONNIE~~
~~3537 SOUTH SCHOOL AVE.~~ 4013 VIA MIRADA
SARASOTA, FL ~~34239~~ 34238

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4013 VIA MIRADA
City: SARASOTA FL Zip Code: 34238

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: CONNIE TURNER [signature] 2-13-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P TURNER, CONNIE ~~3537 SOUTH SCHOOL AVE.~~ SARASOTA, FL ~~34239~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4013 VIA MIRADA SARASOTA, FL 34238	☑ Change ☐ 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: CONNIE TURNER [signature] 2-13-04 941 351-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #