## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT (AR) DOCUMENT # P01000065600



FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Nam	ic .	<b>\</b>		04.26.2004.6	91056 031 ***150	) 00
NEW MIL	LENNIUM PAINTING, INC.			<b>9</b>	91030 031 130	7.00
Principal Plac	ce of Business	Mailing Address				
1863 AIRPORT CIRCLE		1863 AIRPORT CIRCLE				
PANAMA CITY FL 32405		PANAMA CITY FL 32405				
,						***
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite Act # etc				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE	CR2E034 (11/03)	)
City & Stat	ne	City & State		4. FEI Number		Applied For
J., G. O.		on, a ondro		59-373315	56	Not Applicable
Zip	Country	Zip	Country	E. Cartificate of Change Desired	□ \$8.75	Additional
				5. Certificate of Status Desired	Fee Req	uired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent	
	some significant and the second s	.نين در دريان	Name	٠. ب		1 m = 4
PILO	GRIM, MELVIN D		Street Addres	ss (P.O. Box Number is Not Acceptate	nle)	
	3 AIRPORT CIRCLE NAMA CITY FL 32405		Oli Coli Vida roc	o (F.O. Box Hamber to Hot) tocopies		
PAN	NAMA CITY FL 32405			***		
			City		<b>₽</b> ■ Zin (	Code
					FL Zip C	
	e named entity submits this statement for	or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of f	Florida. I am familiar w	ith, and accept
the obligat	tions of registered agent.					
SIGNATURE						
5.5.4.0112	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registered Agent signature requ	ured when reinstating)	DATE	
	and problems of the problems o	20 A T CAR				
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ILE NOW III FFF IS \$150.00	30.00				
And the second second	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00	•		9. Election Campaign I		5.00 May Be
Afte	a desperation of the contract			9. Election Campaign I Trust Fund Contribut		5.00 May Be ided to Fees
Afte	r May 1, 2004 Fee will be \$550.00	f State	11.	,	tion.	ded to Fees
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #