


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000099623 1. Entity Name MILLENNIUM CONTRACTING SERVICES, INC.	
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Principal Place of Business 80 YACHT CLUB PL TEQUESTA, FL 33-4698	Mailing Address P.O. BOX 3443 TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



03022003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1145828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUMPP, ANTHONY
80 YACHT CLUB PL
TEQUESTA, FL 33-4698

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUMPP, ANTHONY 80 YACHT CLUB PL TEQUESTA, FL 334698
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IN THIS SPACE**

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:  **Anthony C. Stump** 5-14-04 561-718-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #