


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90079 027 ***150.00

DOCUMENT # P01000119955

1. Entity Name
 MILLENNIUM PROPERTIES OF SARASOTA COUNTY, INC.




Principal Place of Business Mailing Address
 1008 LAUREL AVE. 1008 LAUREL AVE.
 VENICE, FL 34285 VENICE, FL 34285

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
915 Laurel Ave *915 Laurel Ave*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Venice, FL *Venice FL*
 Zip Country Zip Country
34285 *Sarasota* *34285* *Sarasota*

400177



04162007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 65-1157950 Not Applicable

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

6. Name and Address of Current Registered Agent

OLSSON, CHRISTOPHER
 1008 LAUREL AVE
 VENICE, FL 34285

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLSSON, CHRISTOPHER			NAME			
STREET ADDRESS	1008 LAUREL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLSSON, SUSAN A			NAME			
STREET ADDRESS	1008 LAUREL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP			
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Christopher Olsson* **Date:** *4/18/07* **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR