2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068059

Entity Name: MILLENNIUM BANK

FILED Mar 16, 2004 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of Business:
4340 W NE GAINESVIL	WBERRY RD LLE, FL	4340 W NEWBERRY RD GAINESVILLE, FL 32607 US
Current Ma	ailing Address:	New Mailing Address:
4340 W NE GAINESVIL	EWBERRY RD LLE, FL	4340 W NEWBERRY RD GAINESVILLE, FL 32607 US
FEI Number:	59-3517095 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:
		WILLIAMS, ANDREW 4340 NEWBERRY ROAD GAINESVILLE, FL 32607 US
The above in the State	named entity submits this statement for the of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE: ANDREW WILLIAMS	03/16/2004
	Electronic Signature of Registered Ag	gent Date
Election Can	npaign Financing Trust Fund Contribution ().	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete WILLIAMS, G. ANDREW 4340 W NEWBERRY RD GAINESVILLE, FL 32607	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete SIEGEL, BRENT G 4046 NEWBERRY RD GAINESVILLE, FL 32607	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete BOSSHARDT, CAROL R 5542 NW 43RD ST GAINESVILLE, FL 32653	Title: D (X) Change () Addition Name: HOLCOMB,III, JOHN Address: 1927 1ST AVENUE NORTH City-St-Zip: BIRMINGHAM, AL 35203 US
Title: Name: Address: City-St-Zip:	D () Delete DAUGHERTY, HARRY H 3010 NE WALDO RD GAINESVILLE, FL 32609	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete SMITH, LARRY N 4340 W NEWBERRY RD GAINESVILLE, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete DIAZ, MICHAEL J 13151 NEWBERRY RD TIOGA, FL 32669	Title: () Change () Addition Name: Address: City-St-Zip:

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: ANDREW WILLIAMS D 03/16/2004

ROBERT DALE, DIRECTOR 222 NE 1ST STREET GAINESVILLE, FL 32601

BARRY BULLARD, DIRECTOR 126 NW 76TH DRIVE SUITE A GAINESVILLE, FL 32607