02-14-2006 90002 004 ***150.00
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FILED
06 JUL -3 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000068059

1. Entity Name
MILLENNIUM BANK

Principal Place of Business	Mailing Address
4340 W NEWBERRY RD GAINESVILLE, FL 32607 US	4340 W NEWBERRY RD GAINESVILLE, FL 32607 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3517095
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: G. Andrews Williams Street Address (P.O. Box Number is Not Acceptable): 4340 Newberry Road City: Gainesville FL Zip Code: 32607

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: G. Andrews Williams, President & CEO 01-04-06
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, 2006 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	D WILLIAMS, G. ANDREW 4340 W NEWBERRY RD GAINESVILLE, FL 32607	☐ Delete	TITLE D NAME Bullard, Barry P. STREET ADDRESS 126 NW 76th Drive, Suite A CITY-ST-ZIP Gainesville, FL 32607	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIEGEL, BRENT G 4046 NEWBERRY RD GAINESVILLE, FL 32607	☐ Delete	TITLE D NAME Causseaux, Rory STREET ADDRESS 6011 NW 1st Place CITY-ST-ZIP Gainesville, FL 32607	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLCOMB,III, JOHN 1927 1ST AVENUE NORTH BIRMINGHAM, AL 35203	☐ Delete	TITLE D NAME Dale, Robert STREET ADDRESS 222 NE 1st Street CITY-ST-ZIP Gainesville, FL 32601	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUGHERTY, HARRY H 3010 NE WALDO RD GAINESVILLE, FL 32609	☐ Delete	TITLE President and CEO NAME Williams, G. Andrew STREET ADDRESS 4340 W. Newberry Road CITY-ST-ZIP Gainesville, FL 32607	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, LARRY N 10925 SW 27TH AVENUE GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, MICHAEL D 3455 SW 42ND AVENUE GAINESVILLE, FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

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: G Andrews Williams 01-04-06 352-335-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #