


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90019 030 \*\*\*150.00

<b>DOCUMENT # P03000117579</b>	
1. Entity Name <b>MILLENNIUM MARKETING &amp; SALES, INC.</b>	

Principal Place of Business <b>7021 GRAND NATIONAL DRIVE #104 ORLANDO, FL 32819</b>	Mailing Address <b>7021 GRAND NATIONAL DRIVE #104 ORLANDO, FL 32819</b>
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2. Principal Place of Business <b>7901 KINGSPONTE PKWY Suite, Apt. #, etc. 17</b>	3. Mailing Address <b>7901 KINGSPONTE PKWY Suite, Apt. #, etc. 17</b>
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City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32819</b>	Zip <b>32819</b>
Country <b>ORANGE</b>	Country <b>ORANGE</b>



01252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0334075</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>BONILLA, CARLOS J 7751 KINGSPONTE PARKWAY #124 ORLANDO, FL 32819</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILKERSON, JOHN L 7751 KINGSPONTE PARKWAY, #124 ORLANDO, FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** John L. Wilkerson **JOHN L. WILKERSON** 1/26/2016 407-782-8160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #