

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90031 034 ***150.00

40010317



01272005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000022119 1. Entity Name MILLMONT PROPERTIES, INC.					
Principal Place of Business 4907 CARDER RD UNIT 4 ORLANDO, FL 32810			Mailing Address 4907 CARDER RD UNIT 4 ORLANDO, FL 32810		
2. Principal Place of Business 3520 VESTALIA WAY Suite, Apt. #, etc.		3. Mailing Address 3520 VESTALIA WAY Suite, Apt. #, etc.			
City & State LONGWOOD FL		City & State LONGWOOD FL		4. FEI Number 20-0727137	
Zip 32779		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name MONIE YVONNE Street Address (P.O. Box Number is Not Acceptable) 3520 VESTALIA WAY City LONGWOOD FL Zip Code 32779		
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 <i>[Signature]</i> YVONNE MONTE, Secretary DATE 1/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MILLER, LARRY 4907 CARDER RD UNIT 4 ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER LARRY 3520 VESTALIA WAY LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTE, ANTHONY J III 4907 CARDER RD UNIT 4 ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTE ANTHONY J III 3520 VESTALIA WAY LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTE, YVONNE 4907 CARDER RD UNIT 4 ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTE YVONNE 3520 VESTALIA WAY LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, BRENDA J 4907 CARDER RD UNIT 4 ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER BRENDA J 3520 VESTALIA WAY LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>[Signature]</i> LARRY MILLER 1/29/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					