

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90392 036 ***150.00

DOCUMENT # P04000156778

1. Entity Name

MILLENNIUM LIMOUSINE INC.



Principal Place of Business

4860 ROCKDALE ROAD
JACKSONVILLE FL 32208

Mailing Address

4860 ROCKDALE ROAD
JACKSONVILLE FL 32208

2. Principal Place of Business

4860 Rockdale Rd
Suite, Apt. #, etc.

3. Mailing Address

4860 Rockdale Rd
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Jacksonville Fla.

City & State

Jacksonville Fla.

4. FEI Number

26-0101426

Applied For

Not Applicable

Zip

32208

Country

Doral

Zip

32208

Country

Doral

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, NANCY
4860 ROCKDALE ROAD
JACKSONVILLE FL 32208

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

Nancy Thompson

Signature, typed or printed name of registered agent and title if applicable

Nancy Thompson

(NOTE: Registered Agent signature required when reinstating)

4-7-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PV ☐ Delete
NAME THOMPSON, ROGER
STREET ADDRESS 4860 ROCKDALE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ST ☐ Delete
NAME THOMPSON, NANCY
STREET ADDRESS 4860 ROCKDALE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Nancy Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Date

904-364-2229

Daytime Phone #