


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 047 ***150.00

DOCUMENT # P04000156778

1. Entity Name
MILLENNIUM LIMOUSINE INC.



Principal Place of Business Mailing Address
4860 ROCHDALE ROAD 4860 ROCHDALE ROAD
JACKSONVILLE, FL 32208 US JACKSONVILLE, FL 32208 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
THOMPSON, NANCY
4860 ROCKDALE ROAD
JACKSONVILLE, FL 32208



04172007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
26-0101426 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Thompson, J.R.C. Rogen**
 Street Address (P.O. Box Number is Not Acceptable) **1609 Brookforest Dr.**
Jacksonville, Fla 32208
 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: *Rogen C. Thompson* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PV THOMPSON, ROGER 4860 ROCKDALE ROAD JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Thompson, J.R.C. Rogen 1609 Brookforest Dr. Jacksonville, Fla 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, NANCY 4860 ROCKDALE ROAD JACKSONVILLE, FL 32208 <input checked="" 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: *Rogen C. Thompson* Date **4/17/2007** Daytime Phone # **904 9935719**

Signature and typed or printed name of signing officer or director