

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P06000155142

1. Entity Name

MILLENNIUM MONITORING, INC.



Principal Place of Business

**4340 EDGEWATER DR
ORLANDO, FL 32804**

Mailing Address

**4340 EDGEWATER DR
ORLANDO, FL 32804**



04032008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8118930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DVORES, HARRIS N
5141 GARLANGER TRAIL
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**00000004454
04/17/08-80044-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TROTTER, GARY
STREET ADDRESS	1800 TAYLOR AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	HILLERMAN, EARL
STREET ADDRESS	152 SEVILLE CHASE DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	MIXON, ACEY
STREET ADDRESS	500 NICOLE BLVD
CITY-ST-ZIP	OCOE, FL 34761
TITLE	D
NAME	HILLERMAN, ERIC
STREET ADDRESS	460 CROFTON DR
CITY-ST-ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Trotter

4/4/08

Date

407 253 7373

Daytime Phone #