

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P17246

1. Entity Name
AMERICAN MILLENNIUM INSURANCE COMPANY



Principal Place of Business

**5 MARINE VIEW PLAZA
SUITE 201
HOBOKEN, NJ 07030 US**

Mailing Address

**5 MARINE VIEW PLAZA
SUITE 201
HOBOKEN, NJ 07030 US**



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3208647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000262848
03/14/05-80071-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEITLER, MARTIN
STREET ADDRESS	1225 RIVER ROAD
CITY-ST-ZIP	EDGEWATER, NJ 07020
TITLE	VP
NAME	MALLOZZI, EDWARD
STREET ADDRESS	76 THE GLEN
CITY-ST-ZIP	GLEN HEAD, NY 115452254
TITLE	S
NAME	GARTLAND, JAMES M
STREET ADDRESS	413 CATON AVENUE
CITY-ST-ZIP	BROOKLYN, NY 112181703
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 exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Edward J. Mallozzi 3/4/05 (201) 714-9595