## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000073617

1. Entity Name

MILLENNIUM GYM & SOLAR BEDS OF LARGO, INC.



FILED Jan 12, 2007 08:00 A Secretary of State

Principal Place of Business

12650 STARKEY ROAD SUITE 12722

LARGO, FL 33773

Mailing Address

12702 STARKEY RD LARGO, FL 33773



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3534163

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FOLKER, JOHN SR. 12650 STARKEY ROAD SUITE 12722

12650 STARKEY ROAD SUITE 12722 LARGO, FL 33773

## 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: Registored Agent signature required when reinstating)  DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		······	**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLKER, JOHN SR. 12650 STARKEY ROAD, STE. 12722 LARGO, FL 33773		U00000585587 01/16/07-80018-017 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/16/07-80018-017 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or qualify that the property of the contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or qualify that the property of the contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on this report of qualify that the information indicated on the					

12. I hereby certify that the information supplied with this filling 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 MANGE OF SIGNATURE OF DISCOURSE OF DISCOURSE AND TYPED OR PRINTED MANGE OF SIGNATURE OF DISCOURSE OF DIS