

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Final Return

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90038 010 ***150.00

DOCUMENT # P98000083814

1. Entity Name
MILLENNIUM CENTER DEVELOPMENT CORP.



Principal Place of Business
**1595 SE PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FL 34952**

Mailing Address
**433 SOUTH MAIN STREET
SUITE 300
WEST HARTFORD, CT 06110 US**

54013591



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
06-1524443

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRELL, RICKEY L
1595 SE PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FL 34952**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**D
LABONTE, ROLAND G
433 SOUTH MAIN STREET, SUITE 300
WEST HARTFORD, CT 06110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LABONTE, SCOTT A
433 SOUTH MAIN STREET, SUITE 300
WEST HARTFORD, CT 06110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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, which is otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/04