


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000028203 1. Entity Name NEW MILLENNIUM VAN LINES, INC.																																	
Principal Place of Business 8504 ADAMO DR. TAMPA FL 33619			Mailing Address 8504 ADAMO DR. TAMPA FL 33619																														
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number 59-3565676 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ANTONELLI, GENE 8504 ADAMO DR. TAMPA FL 33619																													
7. Name and Address of New Registered Agent				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PD ANTONELLI, GENE 8504 ADAMO DR. TAMPA FL 33619 <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANTONELLI, GENE 8504 ADAMO DR. TAMPA FL 33619 <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000189030 01/24/05-80079-016 150.00 </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000189030 01/24/05-80079-016 150.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 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, with all other like empowered.																																	
SIGNATURE: GENE ANTONELLI <i>Gene Antonelli</i> 1-18-05 813 626/0200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone																																	