

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000030187**

1. Entity Name  
MILLENNIUM ONE OF JAX, INC.



Principal Place of Business  
9920 BEACH BLVD.  
JACKSONVILLE, FL 32246

Mailing Address  
9920 BEACH BLVD.  
JACKSONVILLE, FL 32246



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3568844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JACKMORE, EVELYN  
2326 COVINGTON CREEK CIR. W.  
JACKSONVILLE, FL 32224

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JACKMORE, EVELYN
STREET ADDRESS	2326 COVINGTON CREEK CIR W
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	V
NAME	JACKMORE, SCOTT
STREET ADDRESS	3277 ABBEY FIELD DRIVE E
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000402375  
02/03/06-80006-011 150.00

**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:** 1-23-06 9049960004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #