2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000030187

1. Entity Name
MILLENNIUM ONE OF JAX, INC.

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

DO NOT WRITE IN THIS SPACE

02222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3568844	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2007 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		
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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: _Evelyn Jackmore_ PRESIDENT 2/25/07 904-996-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #