


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90284 004 ***150.00

DOCUMENT # P99000069752

1. Entity Name
MILLENNIUM ELECTRICAL CONTRACTING, INC.



Principal Place of Business
**3727 SPRING PARK ROAD
 JACKSONVILLE, FL 32207**

Mailing Address
**3727 SPRING PARK ROAD
 JACKSONVILLE, FL 32207**

14017283



2. Principal Place of Business
6380 PHILIAS HWY

3. Mailing Address
SAME

Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE

City & State

Zip
FL

Country
DUVAL

Zip
32216

Country
US

4. FEI Number
59-3591342

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GERRY, DAVID W
 3727 SPRING PARK RD.
 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name
DAVID GERRY

Street Address (P.O. Box Number is Not Acceptable)
6380 PHILIAS HWY

City
JACKSONVILLE

State
FL

Zip Code
32216

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: **DAVID W. GERRY V/P** *[Signature]* **4/27/05**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> Delete
NAME JOHNSTON, RICHARD J	
STREET ADDRESS 3727 SPRING PARK RD.	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE VP	<input type="checkbox"/> Delete
NAME GERRY, DAVID W	
STREET ADDRESS 3727 SPRING PARK RD.	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME SMITH, HOWARD J	
STREET ADDRESS 3727 SPRING PARK RD.	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6380 PHILIAS HWY	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6380 PHILIAS HWY	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **RICHARD J. JOHNSTON, PRES** *[Signature]* **4/27/05** **(904) 636-7575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #