ANNUAL REPORT

DOCUMENT # P99000094021

1. Entity Name
NEW MILLENNIUM LEGAL SOLUTIONS, INC.

FILED
Apr 20, 2004 08:00 AM
Secretary of State

Principal Place of Business
1216 HUDSON PLACE
DAVIDSON, NC 28036

Mailing Address
1216 HUDSON PLACE
DAVIDSON, NC 28036

DO NOT WRITE IN THIS SPACE

03232004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2498733

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHERRILL, RICHARD H
211 BAYSHORE DRIVE
PENSACOLA, FL 32507

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

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

000000121600
04/20/04 00060-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHERRILL THOMAS, MARY-CARROLL
STREET ADDRESS	1216 HUDSON PLACE
CITY-ST-ZIP	DAVIDSON, NC 28036
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Carroll Sherrill Thomas MARY CARROLL SHERRILL THOMAS 4-14-04 7048951353
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date Daytime Phone #