## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 09, 2004 08:00 AM Secretary of State **DOCUMENT # V66523** MILLENNIUM INDUSTRIES, INC. Principal Place of Business Mailing Address 2502 SW 45TH ST 2502 SW 45TH ST CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 05022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0353484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent NELLIS, ROBERT DO NOT WRITE 2502 SW 45TH ST **SUITE 500** IN THIS SPACE FT, MYERS, FL 33901 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) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TIT E NAME **NELLIS, ROBERT** 2502 SW 45TH ST STREET ADDRESS 000000169775 08/09/04-80010-015 150.00 CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE NAME STREET ADDRESS CITY-ST-ZF TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CTTY-57-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal offect 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: SINA STATE AND TYPED OR PROTECT NAME OF PROSING OFFICER OR DISECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Daytima Phone #

**FILED**