## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J23248

City-St-Zip:

PENSACOLA, FL 32503

Entity Name: MINSHEW & ASSOCIATES INC.

FILED Aug 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % DON MINSHEW % DON MINSHEW 400 W. CERVANTES ST. 926A EAST CERVANTES ST. PENSACOLA, FL 32501 PENSACOLA, FL 32501 New Mailing Address: **Current Mailing Address:** % DON MINSHEW % DON MINSHEW 400 W. CERVANTES ST. 926A EAST CERVANTES ST. PENSACOLA, FL 32501 PENSACOLA, FL 32501 FEI Number: 59-2699352 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MINSHEW, DON K MINSHEW, DON K 926A EAST CERVANTES ST. 400 W. CERVANTES ST. PENSACOLA, FL 32501 US PENSACOLA, FL 32501 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. SIGNATURE: 08/04/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VSD ( ) Delete () Change () Addition MINSHEW, FERMON Name: Name: 1716 E HERNANDEZ STREET Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: DΡ () Delete Title: () Change () Addition MINSHEW, DON K Name: Name: 438 E BAYFRONT PARKWAY Address: Address: PENSACOLA, FL 32501 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MINSHEW, HELEN M Name: Name: 1716 E HERNANDEZ STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DON MINSHEW PRES 08/04/2005
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