

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J94852**  
 1. Entity Name  
**MINTON WOODS DEVELOPMENT CORPORATION**



Principal Place of Business Mailing Address  
**3115 DIXIE HWY NE 3115 DIXIE HWY NE**  
**PALM BAY, FL 32905 US PALM BAY, FL 32905 US**

**DO NOT WRITE IN THIS SPACE**

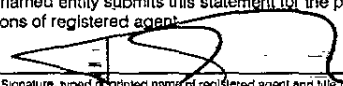


04102005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2857780** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PENCE, ROY**  
**3115 DIXIE HWY NE**  
**PALM BAY, FL 32905**

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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 **4/12/05**  
Signature, typed or printed name of registered agent and title in parentheses (NOTE: Registered Agent signature required when reinstating)

**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

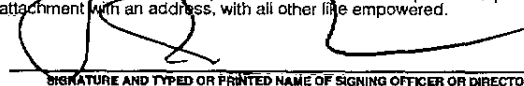
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEACE, ROY J
STREET ADDRESS	3115 DIXIE HWY NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	VPD
NAME	PENCE, HERSCHEL
STREET ADDRESS	3115 DIXIE HWY NE
CITY-ST-ZIP	PALM BAY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UUUUUU309348  
 04/18/05-80034-014 150.00

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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)(f), 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 life empowered.

SIGNATURE:  DATE **4/12/05** (321) 723-6107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #