


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90115 014 ***150.00

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**

60026703

2. Principal Place of Business 3. Mailing Address
3160 DIXIE HWY N.E. **3160 DIXIE HWY N.E.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



02102006 Chg-P CR2E034 (11/05)

City & State City & State
PALM BAY, FL **PALM BAY, FL**
 Zip Country Zip Country
32905 **USA** **32905** **USA**

4. FEI Number Applied For
59-2857780 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3160 DIXIE HWY N.E.
 City State Zip Code
PALM BAY **FL** **32905**

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: **4/6/06**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEACE, ROY J 3115 DIXIE HWY NE PALM BAY, FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PENCE, HERSCHEL 3115 DIXIE HWY NE PALM BAY, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENCE, ROY J. 3160 DIXIE HWY N.E. PALM BAY, FL, 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3160 DIXIE HWY N.E. PALM BAY, FL, 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **4/6/06** DAYTIME PHONE #: **(321) 723-6107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR