2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 8:00 am Secretary of State

DOCUMENT # P0400091425 1. Entity Name MINUTE MAKER'S ERRAND SERVICE, INC.					٠.	04-14-2006	90127 00	8 ***15	50.00
Principal Place of Business Mailing Address					· 400	• -			
3304 ALAMAR STREET LUTZ, FL 33558 US		3304 ALAMAR STREET LUTZ, FL 33558 US		,			2011 E121 EN22	1819 JIBS 811	INNE II TRNI
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222006	Chg-P	CR2E034	(11/05)		
City & State		City & State			4. FEI Number 20-1243				plied For t Applicable
Zip	Country	Zip	Zip Country			of Status Desired		1.75 Add Required	
	-6Name and Address of Current		7. Name and Address of New Registered Agent — —						
MERS, DENISE				Name Street Address (P.O. Box Number is Not Acceptable)					
3304 ALAMAR STREET LUTZ, FL 33558				Street Address (P.O. BOX Numbe	r is not Acceptable	,		
				City			FL	Zip Code	9
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 side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFI	CERS AND DI	RECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MERS, DENISE 3304 ALAMAR STREET LUTZ, FL 33558	☐ Delete		l l			C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LITVINCHYK, MARIE 3304 ALAMAR STREET LUTZ, FL 33558	X Delete		1	······································] Change	Addition
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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									

SIGNATURE:

Denise Mers

4/11/06 813-949-4787