

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90042 018 \*\*\*150.00



**DOCUMENT # P97000069469**  
 1. Entity Name  
**MINTON GAS & FOOD, INC.**

Principal Place of Business      Mailing Address  
 2480 MINTON ROAD      2480 MINTON ROAD  
 WEST MELBOURNE FL 32904      WEST MELBOURNE FL 32904

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2480 minton RD**      **2480 minton RD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**West Melbourne FL**      **West Melbourne FL**  
 Zip      Country      Zip      Country  
**32904**      **BREVARD**      **32904**      **BREVARD**

4. FEI Number      Applied For  
**59-3461719**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

1st MOORE      CR2E034 (10/06)



6. Name and Address of Current Registered Agent  
**ARMOON, LOTFOLLAH**  
**2480 MINTON ROAD**  
**W. MELBOURNE FL 32904**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>ARMOON, LOTFOLLAH</b> STREET ADDRESS: <b>3765 PEACOCK DR</b> CITY ST ZIP: <b>W MELBOURNE FL 32904</b>	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>KESHVARI, FARAH</b> STREET ADDRESS: <b>3765 PEACOCK DR</b> CITY ST ZIP: <b>W MELBOURNE FL 32904</b>	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>JADUNANDAN, RABINDRA N</b> STREET ADDRESS: <b>3018 JUPITER BLVD. SE</b> CITY ST ZIP: <b>PALM BEACH FL 32909</b>	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY ST ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY ST ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY ST ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY ST ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY ST ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY ST ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY ST ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY ST ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *[Signature]*      **LOTFOLLAH-ARMOON**      1/19/2007      321-258-3116  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #