

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # S32860

1. Entity Name
FLORIDA MINT, INC.



Principal Place of Business
2421 N.W. 41ST ST, STE A2
GAINESVILLE, FL 32606 US

Mailing Address
P O BOX 358161
GAINESVILLE, FL 32635 US



DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3111622

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, JOHN J
2421 NW 41ST STREET
#A2
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	WEAVER, L.R.
STREET ADDRESS	9 NW 99TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	VTD
NAME	MARTIN, J. J
STREET ADDRESS	101 SW 136TH ST
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/08/06-80052-023 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. J. MARTIN VP

4/18/06 (352)371-3106

Date

Daytime Phone #