

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 269568 1. Entity Name MINTON SUN INC	
---	---

Principal Place of Business 2000 N KINGS HWY P.O. BOX 670 FT. PIERCE, FL 34954	Mailing Address 2000 N KINGS HWY P.O. BOX 670 FT. PIERCE, FL 34954
---	---

DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1003584	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

MINTON, JOHN L
4905 4TH ST
VERO BEACH, FL 32962

**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, 2008 Fee will be \$550.00**

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

000000910729

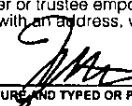
05/07/08-80012-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINTON, JOHN L 4905 4TH ST VERO BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, SHIRLEY (ASST) 2501 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINTON, B. T. 8431 HIDDEN PINES ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MINTON, MICHAEL D 2513 S. INDIAN RIVER DR FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **John L. Minton, President** 4/17/08 772-464-3502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #