


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JAN 21 REC'D

FILED

Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 419832		
1. Entity Name MINTON SUN INTERNATIONAL 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent MINTON, JOHN L 4905 4TH ST VERO BEACH FL 32962	
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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 reinstating) DATE _____

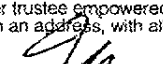
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MINTON, JOHN L
STREET ADDRESS	4905 4TH ST
CITY - ST - ZIP	VERO BEACH, FL 00000
TITLE	D <input type="checkbox"/> Delete
NAME	MINTON, SHIRLEY A
STREET ADDRESS	2501 S. INDIAN RIVER DR
CITY - ST - ZIP	FORT PIERCE FL 34950
TITLE	VD <input type="checkbox"/> Delete
NAME	MINTON, B. T.
STREET ADDRESS	8431 HIDDEN PINES ROAD
CITY - ST - ZIP	FORT PIERCE FL
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	U00000084896
CITY - ST - ZIP	03/11/04-80026-006 150.00
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 exemption stated in Section 119.07(3)(f), 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** 772-464-3502