

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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

PO BOX 670
FT. PIERCE, FL 34954

DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1456581

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 reissuing)

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

000000910810
05/07/08-80012-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MINTON, JOHN L
STREET ADDRESS 4905 4TH ST
CITY-ST-ZIP VERO BEACH, FL 00000,

TITLE D
NAME MINTON, SHIRLEY A
STREET ADDRESS 2501 S. INDIAN RIVER DR
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE VD
NAME MINTON, B. T.
STREET ADDRESS 8431 HIDDEN PINES ROAD
CITY-ST-ZIP FORT PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #