

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # 605479	
1. Entity Name MINGO ACRES, INC.	

Principal Place of Business POST OFFICE BOX 853 ODESSA FL 33556	Mailing Address POST OFFICE BOX 853 ODESSA FL 33556
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-2272294	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, WILLIAM H. 18510 TYLER RD. ODESSA FL 33556	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when remodeling.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	SD ☐ Delete
NAME	MARTIN, CHARLES H.
STREET ADDRESS	18520 TYLER RD.
CITY-STATE-ZIP	ODESSA FL
TITLE	PD ☐ Delete
NAME	MARTIN, WILLIAM H.
STREET ADDRESS	18510 TYLER RD.
CITY-STATE-ZIP	ODESSA FL
TITLE	VP ☐ Delete
NAME	MARTIN, RUBY B.
STREET ADDRESS	18510 TYLER RD.
CITY-STATE-ZIP	ODESSA FL
TITLE	VP ☐ Delete
NAME	MARTIN, LINDA
STREET ADDRESS	18520 TYLER RD.
CITY-STATE-ZIP	ODESSA FL
TITLE	T ☐ Delete
NAME	MARTIN, RUBY
STREET ADDRESS	18510 TYLER RD
CITY-STATE-ZIP	ODESSA FL 33556
TITLE	DVP ☐ Delete
NAME	MARTIN, CODY L.
STREET ADDRESS	18510 TYLER RD
CITY-STATE-ZIP	ODESSA FL 33556

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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: *Ruby B. Martin, V. Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR