


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90187 010 ***158.75

DOCUMENT # F41133 1. Entity Name MINOT TITLE SERVICES, INC.	
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Principal Place of Business 319 RIVER EDGE BLVD #214 C/O JOHN MINOT COCOA, FL 32922-7995	Mailing Address 319 RIVER EDGE BLVD #214 C/O JOHN MINOT COCOA, FL 32922-7995
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02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2116937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MINOT, JOHN 319 RIVER EDGE BLVD #214 COCOA, FL

**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 NAME STREET ADDRESS CITY-ST-ZIP	VP MINOT, JOHN 319 RIVER EDGE BLVD COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MINOT, LAURA J 319 RIVER EDGE BLVD COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINOT, THOMAS F 319 RIVER EDGE BLVD. COCOA, 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:  **2/6/06** **321/1636-0055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

50001367

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

MINOT TITLE SERVICES, INC.
319 RIVER EDGE BLVD #214
C/O JOHN MINOT
COCOA, FL 32922-7995

Subject: MINOT TITLE SERVICES, INC.

Reference Number:

F41133

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION