## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT** FILED **DOCUMENT # J94852** Apr 25, 2008 08:00 AN Secretary of State 1. Entity Name MINTON WOODS DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 3160 DIXIE HWY NE 3160 DIXIE HWY NE PALM BAY, FL 32905 PALM BAY, FL 32905 US 04212008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2857780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENCE, ROY DO NOT WRITE 3160 DIXIE HWY NE PALM BAY, FL 32905 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PENCE, ROY J NAME STREET ADDRESS 3160 DIXIE HWY N.E. CITY-ST-ZIP PALM BAY, FL 32905 TITLE NAME PENCE, ALENE H00000920726 STREET ADDRESS 3160 DIXIE HWY NE 05/14/08-80054-022 150.00 CITY-ST-ZIP PALM BAY, FL 32905 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 appendix such altother like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR