

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90083 045 \*\*\*150.00

**DOCUMENT # 144701**

1. Entity Name

**MINTEK CORPORATION**



Principal Place of Business

1022 MAIN ST., UNIT A  
DUNEDIN FL 34698  
US

Mailing Address

1022 MAIN ST., UNIT A  
DUNEDIN FL 34698  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2999696**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTTON, JAMES L.**  
**1463 STURBRIDGE COURT**  
**DUNEDIN FL 34697**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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 **P** ☐ Delete  
NAME **HUTTON, JAMES L.**  
STREET ADDRESS **1463 STURBRIDGE CT.**  
CITY-ST-ZIP **DUNEDIN FL**

TITLE **V** ☐ Delete  
NAME **HUTTON, LIND E**  
STREET ADDRESS **315 OLD OAK CIRCLE**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **TS** ☐ Delete  
NAME **CHAYKA, CATHERINE L.**  
STREET ADDRESS **1480 GULF BLVD. #907**  
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **JEREMI S. FORD**  
STREET ADDRESS **10618 ECHO LAKE DRIVE**  
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-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:** *Catherine L Chayka* **CATHERINE L CHAYKA** 4-1-06 727-734-9175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #