

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90019 014 ***150.00

DOCUMENT # L44701

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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 **LIND E HUTTON**

Street Address (P.O. Box Number is Not Acceptable)

315 OLD OAK CIRCLE

City **PALM HARBOR**

FL

Zip Code **34683**

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]

2-13-08

(Signature of officer or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUTTON, JAMES L.	
STREET ADDRESS	1463 STURBRIDGE CT.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUTTON, LIND E	
STREET ADDRESS	315 OLD OAK CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CHAYKA, CATHERINE L.	
STREET ADDRESS	1480 GULF BLVD. #907	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	V	<input type="checkbox"/> Delete
NAME	FORD, JERIMI S	
STREET ADDRESS	10618 ECHO LAKE DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]

2-13-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone