## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# M91772

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ST. CLOUD, FL 34771

2155 MACY ISLAND RD

KISSIMMEE, FL 34744

2077 LIVE OAK BLVD

ST CLOUD, FL 34771

LINDA J MINKS,

DAWN MINKS,

( ) Delete

(X) Delete

FILED Sep 13, 2005 Secretary of State

Entity Name: MINKS ENGINEERING, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	IN SETTLEME FL 347442425					
Current Mailing Address:			New Mailing Address:			
	IN SETTLEME FL 347442425					
FEI Number:	59-2903689	FEI Number Applied For ( )	FEI Number Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
MINKS, FLOYD M 2700 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744 US						
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.						
SIGNATURE:						
		Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PD ()[	Delete	Title:	PD (X) Change ( ) Addition		
Name:	FLOYD, M. MINK	•	Name:	MINKS, FLOYD M PRESIDE		
Address: City-St-Zip:	2155 MACY ISLA KISSIMMEE, FL		Address: City-St-Zip:	2155 MACY ISLAND RD. KISSIMMEE, FL 34744		
Title:	•	Delete	Title:	TD (X) Change ( ) Addition		
Name:	POPELKA, TOM,		Name:	POPELKA, TOM TREASU		
Address:	P O BOX 3130 N		Address:	4706 SPANISH OAK ROAD		
City-St-Zip:	TEMPLE, TX 76	505	City-St-Zip:	TEMPLE, TX 76502		
Title:	SD ()[	Delete	Title:	SD (X) Change ( ) Addition		
Name:	POPELKA, LYND	•	Name:	HERRING, LARRY J SECRETA		
Address: City-St-Zip:	P O BOX 3130 N TEMPLE, TX 76		Address: City-St-Zip:	2693 W. FAIRBANKS AVE., STE. A WINTER PARK, FL 32789		
Title:	VP (X) I	Delete	Title:	( ) Change ( ) Addition		
Name:	MINKS, JEFFRE		Name:			
Address:	2077 LIVE OAK E	BLVD	Address:			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: LARRY J. HERRING SD 09/13/2005

(X) Change ( ) Addition

() Change () Addition

MINKS, LINDA J VP

2155 MACY ISLAND RD

KISSIMMEE, FL 34744