2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000101597

1. Entity Name
C. MINOTT & ASSOCIATES INC.

Principal Place of Business	Mailing Address
11435 NW 48TH CT CORAL SPRINGS, FL 33076	11435 NW 48TH CT CORAL SPRINGS, FL 33076

DO NOT WRITE IN THIS SPACE

03302006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-1046222		Applied For
		Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required	

6. Name and Address of Current Registered Agent

MINOTT, CHRISTOPHER J
11435 NW 48TH CT
CORAL SPRINGS, FL 33076

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	U00000503244 04/26/06-80025-019 158.75

10.	OFFICERS AND DIRECTORS

TITLE	PST
NAME	MINOTT, CHRISTOPHER J
STREET ADDRESS	11435 NW 48TH COURT
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Christopher Minott 3/20/06 954-857-6117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #