

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102927

Entity Name: MINTONE UNLIMITED, INC.

FILED  
Mar 03, 2008  
Secretary of State

## Current Principal Place of Business:

2239 MCCORMICK RD.  
SOUTHPORT, FL 32409

## New Principal Place of Business:

2239 MCCORMICK RD.  
SOUTHPORT, FL 32409

## Current Mailing Address:

2239 MCCORMICK RD.  
SOUTHPORT, FL 32409

## New Mailing Address:

2239 MCCORMICK RD.  
SOUTHPORT, FL 32409

FEI Number: 59-3682804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALBERT J. STOPKA, III, P.A.  
108 MOSLEY DRIVE  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GIAMPORTONE, JOE  
Address: 1223 W 12TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: VSTD ( ) Delete  
Name: GIAMPORTONE, LISA  
Address: 1223 W 12TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GIAMPORTONE, JOE  
Address: 2239 MCCORMICK RD.  
City-St-Zip: SOUTHPORT, FL 32409

Title: VSTD (X) Change ( ) Addition  
Name: GIAMPORTONE, LISA  
Address: 2239 MCCORMICK RD.  
City-St-Zip: SOUTHPORT, FL 32409

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JOSEPH GIAMPORTONE

PD

03/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date