

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000074099

1. Entity Name
MINOA CORPORATION



Principal Place of Business
**1318 LAFAYETTE STREET
CAPE CORAL, FL 33904**

Mailing Address
**1318 LAFAYETTE STREET
CAPE CORAL, FL 33904**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1126081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILL, THOMAS W
1318 LAFAYETTE ST
CAPE CORAL, FL 33904**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BURGGRAF, BARBARA 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURGGRAF, KLAUS 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904
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**DO NOT WRITE
IN THIS SPACE**

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02/25/05-60017-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Hill

Date

2/22/05

Daytime Phone #

239-549-2444