## \*2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 Al Secretary of State DOCUMENT # P03000113297 1. Entity Name MINCY CONSTRUCTION, INC. Principal Place of Business Mailing Address 168 IKE MINCY ROAD P. O. BOX 1042 WEWAHITCHKA, FL 32465 WEWAHITCHKA, FL 32465 US No Chg-P 04262006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0637410 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GROOM, PAUL W II DO NOT WRITE 206 E. 4TH STREET PORT ST. JOE, FL 32456 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 00000005555660 9. Election Campaign Financing \$5.00 May Be 05/17/06-80019-004 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME MINCY, IKE STREET ADDRESS 168 IKE MINCY ROAD CITY-ST-ZIP WEWAHITCHKA, FL 32465 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIPE OR DIRECTOR

NAME STREET ADDRESS

4-27.06

850-639,2767

**FILED** 

Date