2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2008 08:00 AN Secretary of State DOCUMENT # P03000113297 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 CR2E034 (11/05) 01242008 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 WII 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. Signalute, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signulura required when reinstitling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSTD DIDE MINCY, IKE NAME STREET ADDRESS 168 IKE MINCY ROAD CITY-ST-ZIP WEWAHITCHKA, FL 32465 TITLE 000000822332 NAME . 02/19/08-80064-001 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HHE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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:

STREET ADDRESS CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.30-08

850 439 2769

FILED

Daytime Phone #