2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90034 033 ***150.00

DOCUMENT # P06000027955

1. Entity Name
D. MINCH, P.A.

Principal Place of Business	Mailing Address
712 US HWY 1 210 NORTH PALM BEACH FL 33408	10635 LASTRADA DRIVE WEST PALM BEACH FL 33412

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12157 SW AVENTINO DR.	12157 SW AVENTINO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PT. ST. LUCIE FL	City & State: PT. ST. LUCIE FL
Zip: 34987 / Country: ST. LUCIE	Zip: 34987 / Country: ST. LUCIE

1st MOORE CR2E034 (10/07)

4. FEI Number 20-4373327 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MINCH, DONALD 10635 LASTRADA DRIVE WEST PALM BEACH FL 33412	Name: MINCH, DONALD Street Address (P.O. Box Number is Not Acceptable): 12157 SW AVENTINO DR. City: PT. ST. LUCIE FL Zip Code: 34987

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: DONALD MINCH [signature] 3-24-08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCH, DONALD 10635 LASTRADA DRIVE WEST PALM BEACH FL 33412	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCH, DONALD 12157 SW AVENTINO DR. PT. ST. LUCIE FL 34987	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DONALD MINCH [signature] 3-24-08 561-262-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #