

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-10-2008 90073 021 ***150.00

DOCUMENT # P07000023134 1. Entity Name MINIT, INC.					
Principal Place of Business 3752 SOUTHERN HILLS DR JACKSONVILLE, FL 32225 US			Mailing Address 3752 SOUTHERN HILLS DR JACKSONVILLE, FL 32225 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8509805	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AMIN, NITIN 3752 SOUTHERN HILLS DR JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees:		10. OFFICERS AND DIRECTORS	
10. OFFICERS AND DIRECTORS TITLE: PSTD NAME: AMIN, NITIN STREET ADDRESS: 3752 SOUTHERN HILLS DR CITY-ST-ZIP: JACKSONVILLE, FL 32225		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: CITY-ST-ZIP:			
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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 OFFICER OR DIRECTOR				Date: 3/8/08 Daytime Phone #	

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