## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2008 8:00 am Secretary of State DOCUMENT # P93000010809 1. Entity Name 05-02-2008 90122 015 \*\*\*150.00 U.S.A. MINI MART, INC. Principal Place of Business Mailing Address 3621 SOUTH TUTTLE AVENUE 3621 SOUTH TUTTLE AVENUE SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For . 65-0386580 Not Applicable Ζıρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EICKELMANN, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 3903 78TH DR E SARASOTA FL 34243 City 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed hann of registered rigent and title Tappicable. (NOTE: Registered Agont aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE NAME EICKELMANN, JEFFREY S NAME STREET ADDRESS 3903 78 DR E STREET ADORESS Bradenton f/ 3421 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP JEUNIFOR EICKEMANN Change 22309 GOTLAIK. E. TITLE ☐ Dalete TITLE NAME EICKELMANN, JENNIFER STREET ADDRESS 3903 78TH DR E STREET ADDRESS CITY-ST-74P SARASOTA FL CITY-ST-ZIP Derete TITLE Change Addition MAME EICKELMANN, LEONARD STREET ADDRESS 3881 PRAIRIE DUNES DRIVE STREET ADDRESS CITY-ST-7IP SARASOTA FL 34238 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/08 /41-350

Change

Addition

**FILED**