

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90404 001 ***300.00

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1. Entity Name

MINERVA HOLDINGS, INC.



Principal Place of Business

1270 N. EGLIN PKY., STE. D
SHALIMAR FL 32579

Mailing Address

P.O. BOX 857
SHALIMAR FL 32579
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 814

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

SHALIMAR, FL

4. FEI Number 59-3450188

Applied For

Not Applicable

Zip

Country

Zip

32579

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name Michelle Anchors

Street Address (P.O. Box Number is Not Acceptable)

909 Mar Walt Drive

Suite 1014

City Fort Walton Beach

FL

Zip Code

32547

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 Michelle Anchors

Signature, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME BEUKENKAMP, FELIX A
STREET ADDRESS 1270 N WGLIN PKWY SUITE D
CITY ST ZIP SHALIMAR FL 32579 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE DV
NAME TESSIER, PAUL R
STREET ADDRESS 1270 N EGLIN PKWY SUITE D
CITY ST ZIP SHALIMAR FL 32579 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE D
NAME KRIENKE, ERNST
STREET ADDRESS MUEHLENFELD STR. #47
CITY ST ZIP BREMAN-OBERNELARD GE W2800 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIX A. BEUKENKAMP 2/5/07

Date

Daytime Phone #

850-651-8673