

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State



DOCUMENT # P97000047982
 1. Entity Name
MINERVA HOLDINGS, INC.

Principal Place of Business
1270 N. EGLIN PKY., STE. D
SHALIMAR, FL 32579

Mailing Address
P.O. BOX 816
SHALIMAR, FL 32579 US



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3450188

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANCHORS, MICHELLE
909 MAR WALT DR
STE 1014
FORT WALTON BEACH, FL 32547

DO NOT WRITE 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.

SIGNATURE _____
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

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

000000882342
 04/16/08-80037-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEUKENKAMP, FELIX A 1270 N WGLIN PKWY SUITE D SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TESSIER, PAUL R 1270 N EGLIN PKWY SUITE D SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIENKE, ERNST MUEHLENFIELD STR. #47 BREMEN-OBERNELARD, GE W2800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 the empowered.

SIGNATURE: **FELIX A. BEUKENKAMP** 1/10/08 850-651-8673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #