


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000071067</b> 1. Entity Name <b>MINCH HOSPITALITY CORPORATION</b>	
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Principal Place of Business <b>4101 SW 38TH AVE OCALA, FL 34474 US</b>	Mailing Address <b>3810 NW BLITCHTON ROAD OCALA, FL 34482</b>
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04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3464481</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TATE, MARK T 418 W PLATT STREET TAMPA, FL 33606</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CD STEINBRENNER, HAROLD Z 3802 DR MLK BLVD LEGENDS FIELD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P SWINDAL, STEPHEN W 3802 DR MLK BLVD LEGENDS FIELD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPD STEINBRENNER, HENRY G 3802 DR MLK BLVD LEGENDS FIELD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPSD STEIMLE, DONALD A 3810 NW BLITCHTON RD OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D STEINBRENNER, JESSICA A 3802 DR MLK BLVD LEGENDS FIELD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SWINDAL, JENNIFER S 3802 DR MLK BLVD LEGENDS FIELD TAMPA, FL 33614

<p>000000300403 04/12/05-80018-019 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Don Steimle 4-7-05- 352 732 213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #