


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000071067
1. Entity Name
MINCH HOSPITALITY CORPORATION



Principal Place of Business
**4101 SW 38TH AVE
OCALA, FL 34474 US**

Mailing Address
**1900 SW 60 AVE
OCALA, FL 34474**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3464481	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TATE, MARK T
418 W PLATT STREET
TAMPA, FL 33606**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000588044
01/17/07-80054-025 150.00

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

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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 like empowered.

SIGNATURE: Don Steimle 1/8/07 352-873-2419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #