

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071067

FILED
Feb 17, 2009
Secretary of State

Entity Name: MINCH HOSPITALITY CORPORATION

Current Principal Place of Business:

4101 SW 38TH AVE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

1900 SW 60 AVE
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3464481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: STEINBRENNER, HAROLD Z
Address: 3802 DR MLK BLVD LEGENDS FIELD
City-St-Zip: TAMPA, FL 33614

Title: VPD () Delete
Name: STEINBRENNER, HENRY G
Address: 3802 DR MLK BLVD LEGENDS FIELD
City-St-Zip: TAMPA, FL 33614

Title: VPSD () Delete
Name: STEIMLE, DONALD A
Address: 3810 NW BLITCHTON RD
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: STEINBRENNER, JESSICA A
Address: 3802 DR MLK BLVD LEGENDS FIELD
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: SWINDAL, JENNIFER S
Address: 3802 DR MLK BLVD LEGENDS FIELD
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON STEIMLE

Electronic Signature of Signing Officer or Director

VP

02/17/2009

_____ Date