

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90002 008 ***550.00

DOCUMENT # P98000101116

1. Entity Name
MINORCAN DEVELOPMENT, INC.



Principal Place of Business
45120 DORMAN PLACE
CALLAHAN, FL 32011

Mailing Address
45120 DORMAN PLACE
CALLAHAN, FL 32011

54072343



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3547110

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIZELL, JEAN H
~~5044~~ DORMAN PLACE 45120
CALLAHAN, FL 32011

**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 *Jeann H. Mizell*

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

(NOTE: Registered Agent signature required when reinstating)

9/08/04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MIZELL, JEAN H
STREET ADDRESS 45120 DORMAN PLACE
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE V
NAME MIZELL, WALKER D
STREET ADDRESS 45120 DORMAN PLACE
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE D
NAME MIZELL, CLYDE J
STREET ADDRESS P.O. DRAWER 5011
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE D
NAME MIZELL, LARRY S
STREET ADDRESS 45543 HODGES RD.
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE D
NAME MIZELL, MICHAEL D
STREET ADDRESS 45298 HODGES RD.
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE D
NAME MIZELL, WALTER S
STREET ADDRESS 45200 DORMAN PLACE
CITY-ST-ZIP CALLAHAN, FL 32011

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jeann H. Mizell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/08/04 *904/879-3727*
Date Daytime Phone #