


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000101116</b> 1. Entity Name MINORCAN DEVELOPMENT, INC.	
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Principal Place of Business 45120 DORMAN PLACE CALLAHAN, FL 32011	Mailing Address 45120 DORMAN PLACE CALLAHAN, FL 32011
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3547110	Applied For 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  MIZELL, JEAN H 45120 DORMAN PLACE CALLAHAN, FL 32011
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**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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE 05/01/07-80128-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIZELL, JEAN H 45120 DORMAN PLACE CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIZELL, WALKER D 45120 DORMAN PLACE CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, CLYDE J P.O. DRAWER 5011 CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, LARRY S 45543 HODGES RD. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, MICHAEL D 45298 HODGES RD. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, WALTER S 45200 DORMAN PLACE 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 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: Jean H. Mizell Jean H. Mizell 4-20-07 1904-879-3727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #