


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000087779 1. Entity Name DONALD L. MINCEY ENTERPRISES, INC.	
---	---

Principal Place of Business 940 SW BEAVER STR FT. WHITE, FL 32038	Mailing Address 940 SW BEAVER STR. FT. WHITE, FL 32038
---	--

DO NOT WRITE IN THIS SPACE



05042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3610470	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

DICKSON MORTON, ELEANOR
119 E. BAYA AVE.
LAKE CITY, FL 32055

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

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCEY, DONALD L SR 940 SW BEAVER STR FT. WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCEY, SHERYL 940 SW BEAVER STR FT. WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000761565
05/25/07-80060-008 150.00

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: Donald L Mincey 5-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #