


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90145 015 ***150.00

DOCUMENT # 346412 1. Entity Name MINER'S PATIO AND CASUAL FURNITURE, INC.					
Principal Place of Business 1534 FRUITVILLE ROAD SARASOTA, FL 34236			Mailing Address 1534 FRUITVILLE ROAD SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 2804 TUCKERSTOWN DR.		3. Mailing Address 2804 TUCKERSTOWN DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 59-1261338	
Zip 34231		Country USA		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 LERNER, L. 1534 FRUITVILLE ROAD SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name LERNER, L. Street Address (P.O. Box Number is Not Acceptable) 2804 TUCKERSTOWN DR. City SARASOTA FL Zip Code 34231		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LERNER, L. 1534 FRUITVILLE ROAD SARASOTA, FL 00000,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LERNER, L. 2804 TUCKERSTOWN DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LERNER, D 1634 FRUITVILLE ROAD SARASOTA, FL 00000,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LERNER, D. 2804 TUCKERSTOWN DR. SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Lawrence Lerner</u> <u>LAWRENCE LERNER</u> 4/3/7 941 724 2393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					