


FILED
Feb 28, 2005 8:00 am
Secretary of State

01-25-2005 90029 012 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/

DOCUMENT # M86159		
1. Entity Name MINERS AIR CONDITIONING & REFRIGERATION, INC.		
Principal Place of Business 850 N. 15TH ST. IMMOKALEE, FL 34142	Mailing Address PO BOX 1123 IMMOKALEE, FL 34134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MINERS, STEVEN D 850 N 15TH STREET IMMOKALEE, FL 34142		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINERS, STEVEN D 850 NORTH 15TH ST. IMMOKALEE, FL 34142	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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>STEVEN D. MINERS</u> 2-23-05 239-481-2554 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

66002989



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0063026

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**