


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000145698 1. Entity Name MINER CUSTOM POOLS AND PATIOS, INC.	
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Principal Place of Business 1019 S.W. 25TH AVENUE BOYNTON BEACH, FL 33426	Mailing Address 1019 S.W. 25TH AVENUE BOYNTON BEACH, FL 33426
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1688904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MINER, JULIE ANN
1019 S.W. 25TH AVENUE
BOYNTON BEACH, FL 33426**

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINER, ROBERT 1019 S.W. 25TH AVENUE BOYNTON BEACH, FL 33426
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINER, JULIE ANN 1019 S.W. 25TH AVENUE BOYNTON BEACH, FL 33426
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/25/05-80078-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05 561-369-0461
Date Daytime Phone #