

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90107 042 ***150.00

DOCUMENT # P04000019584 1. Entity Name PAT MINER HORTICULTURIST INC.																																			
Principal Place of Business 606 GLADIOLA ST UNIT 409 MERRITT ISLAND, FL 32952			Mailing Address 55 NEEDLE BLVD. UNIT 67 MERRITT ISLAND, FL 32953																																
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Patminerhorticulturistinc 140 PortSide Ave #205 Cape Canaveral, FL 32920		4. FEI Number 90-0145704																															
Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04172006 Chg-P CR2E034 (11/05)																															
6. Name and Address of Current Registered Agent MINER, ERIC T 55 NEEDLE BVLVD UNIT 67 MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name MINER ERIC T Street Address (P.O. Box Number is Not Acceptable) 140 PortSIDE Ave #205 City Cape Canaveral FL Zip Code 32920																																
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 Registered agent 4-18-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P MINER, PATRICIA E 55 NEEDLE BLVD, UNIT 67 MERRITT ISLAND, FL 32953</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table>			TITLE	P MINER, PATRICIA E 55 NEEDLE BLVD, UNIT 67 MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P miner, Patricia E 140 PortSide Ave #205 Cape Canaveral, FL 32920</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE	P miner, Patricia E 140 PortSide Ave #205 Cape Canaveral, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PATRICIA E. MINER 4-18-2006 3215442991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			