

FILED
Apr 02, 2007 08:00 AM
Secretary of State

1. Entity Name
PAT MINER HORTICULTURIST INC.



Mailing Address
PAT MINERHARTICU HURISTINC
140 PORT SIDE AVE #205
CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0145704

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

MINER, ERIC T
140 PORT SIDE AVE
#205
CAPE CANAVERAL, FL 32920

**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 restoring)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| | |
|-----|------------------------|
| 10. | OFFICERS AND DIRECTORS |
|-----|------------------------|

| | |
|----------------|--------------------------|
| NAME | P |
| NAME | MINER, PATRICIA E |
| STREET ADDRESS | 140 PORT SIDE AVE # 205 |
| CITY- ST- ZIP | CAPE CANAVERAL, FL 32920 |

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

060807-90010-121 040.00

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:

Robert E. Munn

3/29/07

321 5442991