

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90016 013 ***150.00

DOCUMENT # P04000029006 1. Entity Name DOUG MINERS CONSTRUCTION, INC.	
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Principal Place of Business 4499 STATE ROAD 29 LABELLE, FL 33935	Mailing Address PO BOX 3029 LABELLE, FL 33975
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DO NOT WRITE IN THIS SPACE



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0498211	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 MINERS, DOUGLAS 4499 STATE ROAD 29 LABELLE, FL 33935
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**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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MINERS, DOUGLAS 4499 STATE ROAD 29 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MINERS, DOUGLAS 4499 STATE ROAD 29 LABELLE, FL 33935
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	

**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: *X Ray D Miners* **28-4-06** *X 863-673-2030*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029006

Entity Name: DOUG MINERS CONSTRUCTION, INC.

ATTACHMENT

20054354

FILED
Sep 01, 2005
Secretary of State**Current Principal Place of Business:**4499 STATE ROAD 29
LABELLE, FL 33935**New Principal Place of Business:****Current Mailing Address:**PO BOX 3029
LABELLE, FL 33975**New Mailing Address:**

FEI Number: 51-0488211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MINERS, DOUGLAS
4499 STATE ROAD 29
LABELLE, FL 33935 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:



Electronic Signature of Registered Agent

9-1-06

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:Title: P () Delete
Name: MINERS, DOUGLAS
Address: 4499 STATE ROAD 29
City-St-Zip: LABELLE, FL 33935Title: VP () Delete
Name: MINERS, DOUGLAS
Address: 4499 STATE ROAD 29
City-St-Zip: LABELLE, FL 33935**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS MINERS

P

09/01/2005

Electronic Signature of Signing Officer or Director

Date