


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000016323 1. Entity Name BILES ENTERPRISES, INC	
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Principal Place of Business 3580 ASHLAND AVE PENSACOLA, FL 32534	Mailing Address 3580 ASHLAND AVE PENSACOLA, FL 32534
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3430970	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

BILES, BRUCE A  
3580 ASHLAND AVE  
PENSACOLA, FL 32534

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U00000077712  
03/05/04-80054-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BILES, BRUCE A 3580 ASHLAND AVENUE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BILES, BRUCE A 3580 ASHLAND AVENUE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BILES, SHERYLL J 3580 ASHLAND AV PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BILES, SHERYLL J 3580 ASHLAND AVENUE PENSACOLA, FL 32534
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 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 life empowered.

SIGNATURE: Bruce Allen Biles, PRES BRUCE ALLEN Biles MAR 3, 2004 850-479-5944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #