


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000016323
1. Entity Name
BILES ENTERPRISES, INC



Principal Place of Business _____ Mailing Address _____
3580 ASHLAND AVE _____ 3580 ASHLAND AVE _____
PENSACOLA, FL 32534 _____ PENSACOLA, FL 32534 _____

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3430970 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BILES, BRUCE A
3580 ASHLAND AVE
PENSACOLA, FL 32534

No change

**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 *Bruce A Biles, PRES* *Signed-in- ERROR* DATE *25 MAR 2005*
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, 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	P
NAME	BILES, BRUCE A
STREET ADDRESS	3580 ASHLAND AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	S
NAME	BILES, BRUCE A
STREET ADDRESS	3580 ASHLAND AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	VP
NAME	BILES, SHERYLL J
STREET ADDRESS	3580 ASHLAND AV
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	T
NAME	BILES, SHERYLL J
STREET ADDRESS	3580 ASHLAND AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: *Bruce A Biles, PRES* DATE *25 MAR 2005* (850) 479-5944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #