


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000016323
 1. Entity Name
BILES ENTERPRISES, INC



Principal Place of Business
3580 ASHLAND AVE
PENSACOLA, FL 32534

Mailing Address
3580 ASHLAND AVE
PENSACOLA, FL 32534



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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
After May 1, 2008 Fee will be \$550.00

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

U00000834380
 02/28/08-80051-005 150.00

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 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: *Sheryll Jo Biles* *Sheryll Jo Biles V.P.* 2/19/08 ⁸⁵⁰ 4795944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #