

DOCUMENT # J63683			
1. Entity Name EVERETT MILEY, INC.			
Principal Place of Business % EVERETT MILEY 2210-22ND AVE W BRADENTON FL 34205		Mailing Address % EVERETT MILEY 2210-22ND AVE W BRADENTON FL 34205-4521	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MILEY, EVERETT 2210-22ND AVE W BRADENTON FL 34205		Name	
		Street Address ()	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE <i>Everett Miley</i>		(NOTE: Registered Agent signature required)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILEY, EVERETT 2210-22ND AVE W BRADENTON FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Everett Miley</i> owner.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



4. FEI Number 59 58-2778886	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE ~~Ernest Moley~~ (NOTE: Registered Agent signature required when reinstating) DATE ~~8/28/2008~~

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/99)

SIGNATURE: Ernest Miley owner 3-20-2000 941-748-2385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #