


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90294 025 \*\*\*150.00

<b>DOCUMENT # P01000119024</b> 1. Entity Name <b>MILESEY MAINTENANCE, INC.</b>					
Principal Place of Business <b>5633 NUTMEG AVENUE SARASOTA, FL 34231</b>			Mailing Address <b>5633 NUTMEG AVENUE SARASOTA, FL 34231</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1155773</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>OAKLEY, GARY 5633 NUTMEG AVENUE SARASOTA, FL 34231</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OAKLEY, GARY 5633 NUTMEG AVENUE SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURR, RANDALL 3928 MARLBOROUGH PL SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KILDUFF, SEAN 413 ISLAND CIRCLE SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Kilduff, Sean 2911 Bucida Dr. Sarasota, FL 34232	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIS, LARRY 26815 CROSBY RD MYAKKA CITY, FL 34251		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YEKAHS, NATE 2304 IDGES BLVD #210 SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY - ST - ZIP	YEKAHS, NATE 2304 Ringling Blvd #210 Sarasota, FL 34237	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
X 4-6-06 941-346-1654			Date Daytime Phone #		