2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90094 030 ***150.00

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1. Entity Name
MILEXTRA, INC.

Principal Place of Business	Mailing Address
43 BEAL PKWY S.E., FT. WALTON BEACH, FL 32548	43 BEAL PKWY S.E., FT. WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4205261
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEWMAKE, DAVID R
43 BEAL PKWY S.E.,
FT. WALTON BEACH, FL 32548

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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, 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	D
NAME	SHEWMAKE, DAVID R
STREET ADDRESS	2702 BOBWHITE CIRCLE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	SHEWMAKE, ELIC D
STREET ADDRESS	125 HUGHES ST
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	D
NAME	SHEWMAKE, HELEN P
STREET ADDRESS	125 HUGHES ST
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: David R. Shewmake 21 FEB 05 850-243-2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #