

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90094 030 ***150.00

DOCUMENT # P02000073381 1. Entity Name MILEXTRA, INC.	
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Principal Place of Business 43 BEAL PKWY S.E., FT. WALTON BEACH, FL 32548	Mailing Address 43 BEAL PKWY S.E., FT. WALTON BEACH, FL 32548
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01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4205261	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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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**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 _____ DATE _____
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reissuing)

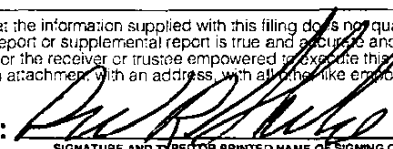
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**DO NOT WRITE
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)(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** **850-249-2824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #