MAR-12-04 10:31 AM RUTH ATTAWAY CPA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90034 038 ***150.00

DOCUMENT # P03000012303

1. Entity Name
COUNTRY MILES ESTATES, INC.

Principal Place of Business	Mailing Address
2817C HIGHWAY 71 MARIANNA, FL 32446	2817C HIGHWAY 71 MARIANNA, FL 32446

94031763

03072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
19922 NW County Rd. 275	19922 NW County Rd. 275
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Altha FL	City & State: Altha FL
Zip: 32421 Country: USA	Zip: 32421 Country: USA

4. FEI Number: 38-3671478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, FRANK A
4431 LAFAYETTE STREET
MARIANNA, FL 32446

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST BYERS, MICHAEL C 12215 LYNDELL PLANTATION DRIVE PANAMA CITY BEACH, FL 32407 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILES, WILLIAM G 28170 HIGHWAY 71 MARIANNA, FL 32446 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Miles, William G 19922 NW County Road 275 Altha, FL 32421 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: William G Miles 3-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #