

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27,
Secur

DOCUMENT # P03000012303

1. Entity Name

COUNTRY MILES ESTATES, INC.



Principal Place of Business

19922 NW COUNTY RD 275
ALTA, FL 32421

Mailing Address

12141 PCB PARKWAY
PANAMA CITY BEACH, FL 32407



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number

38-3671478

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAKER, FRANK A
4431 LAFAYETTE STREET
MARIANNA, FL 32446

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
BYERS, MICHAEL C
P.O. BOX 28433
PANAMA CITY BEACH, FL 32411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MILES, WILLIAM G
19922 NW COUNTY ROAD 275
ALTA, FL 32421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000100450282
03/03/06-20087-012 150.00

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE:

Michael C. Byers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

Date

Daytime Phone #