


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90019 014 ***150.00

DOCUMENT # P04000000904	
1. Entity Name LAFORGE-MILES CORPORATION	

Principal Place of Business 4915 RATTLESNAKE HAMMOCK RD NAPLES, FL 34113	Mailing Address 1833 WINDING OAKS WAY NAPLES, FL 34109
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40109824



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LAFORGE, CYNTHIA 1833 WINDING OAKS WAY NAPLES, FL 34109	
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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	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFORGE, CYNTHIA 1833 WINDING OAKS WAY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILES, DARREN K 1833 WINDING OAKS WAY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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.	
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SIGNATURE: <i>Cynthia L. Miles</i>	7/3/2008	239.273.3449
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

ATTACHMENT
40104824

The UPS Store 4915 Rattlesnake Hammock Rd. Naples FL 34113

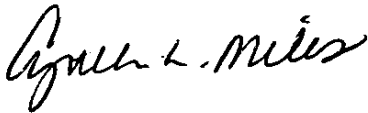
Florida Department of State
Secretary of State
Division of Corporations
PO Box 8700
Tallahassee, FL 32314

July 3, 2008

Dear Sir/Madam,

I did not receive my annual report notice invoice for 2008, which I normally receive in the February-March time frame. I am enclosing the amount due of \$150.00, and did not add the past due penalty due to my not receiving the invoice notice.

Thank you,



Cynthia LaForge Miles
President
LaForge-Miles Corporation
1833 Winding Oaks Way
Naples, FL 34109
RE Document #P04000000904