

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000015119

1. Entity Name

R.MILES CONSTRUCTION INC.



Principal Place of Business

964 WHARF LN

206

ORLANDO, FL 32828 US

Mailing Address

964 WHARF LN

206

ORLANDO, FL 32828 US



04142006

No Chg-P

CR2E034 (11/05)

4. FEI Number

90-0139628

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

MILES, ROHAN N

964 WHARF LANE

206

ORLANDO, FLORIDA, FL 32828

**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 reinstating)

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

U00000520702
05/02/06-80107-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILES, ROHAN N
STREET ADDRESS	964 WHARF LN # 206
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	VP
NAME	MILES, TAQIA N
STREET ADDRESS	964 WHARF LN # 206
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	ETC.
NAME	MILES, IAN L
STREET ADDRESS	963 N. DELMONTE CT.
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. N. Miles

04/17/06 407 736-0395