FROM : WILLIE MAY JEFFRIES PA

FAX NO. :8635199846

FILED May 02, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPORT | | | | | | | 05-02-2005 90398 041 ***150.00 | | | | | |
|--|--|--------------------------------|--|--|-----------------------------|----------|---------------------------------------|--------------------------------|-----------------|------------------|------------|--|
| DOCUMENT # P04000016336 | | | | | | | | | | | | |
| MILEY-WILLIAMS PROPERTIES, INC. | | | | | | | | | | | | |
| Principal Place of Business 6030 S FLORIDA AVE STE K | | | Mailing Address 6030 S FLORIDA AVE STE K | | | | 14013409 | | | | | |
| LAKELAND, F | L 33813 | | LAKELAND, FL 33813 | | | | | | | | | |
| 2. Principal Place of Business | | | 3, Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apr. #. etc. | | | | 04282005 | Chg-P | CR2E03 | 4 (10/03) | Sind Co. | |
| City & State | | | City & State Zip Country | | | | 4 FEI Number | 04069 | | Not | Applicable | |
| Zip | Country | | | | и <u>у</u> | | 5. Certificate of | \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | Name | | | | | | |
| DUNLAP 11 245 CENTI BARTOW, | RAL AVE | | Street Add | | | ress (P. | s (P.O. Bax Number is Not Acceptable) | | | | | |
| BARTOW, | LF 22024 | | , | City | | | | | Zip Code | | | |
| The above named entity submits this statement for the purpose of changing its registered or | | | | | | gistered | d agent, or both | n, in the State of Flo | FL. | | | |
| the obligations of registered agent. | | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed resme of rogistered again and title if applicable, (NOTE: Registered again signature required when related whe | | | | | | | | | | | | |
| FILE NOWILL FIRE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | | | | 00 May Be d to Fees | | | | | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO OFF | ICERS AND | DIRECTORS | IN 11 | |
| TITLE | DPT | | ☐ Cetate | TITL | E | | | | | Change | ☐ Addition | |
| NAME | WILLIAMS, KELLY V | | | | | | | | | | | |
| STREET ACCRESS 905 WINNIE LANE CITY-ST-ZIP LAKELAND, FL 33813 | | | | EET ADDRESS '-ST-ZDP | | | | | | Ì | | |
| | | D, PL 33013 | T Orlean | TITL | | | | | | ☐ Change | Addition | |
| TITLE NAME | DVS MILEY, J | ANFT : | ☐ Delete | NAN | | | | | | () Controls | C AMERICA | |
| STREET ADDRESS | | DGEWOOD DR C-6 | | STA | EET AODRESS | | | | | | | |
| CITY-ST-ZIP | LAKELAN | ID, FL 33803 | | cin | -ST-ZIP | | | | | | | |
| title: | | · | . Delete | TITL | 1 | | | | | Change | ☐ Addition | |
| NAME | | | | NAA | re. Eet adoress | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | | | | r-ST 70P | | | | | | | |
| TITLE | ╁─ | | ☐ Delete | m | <u>-</u> | | | | | ☐ Change | Addition | |
| HAME | | | | HAX | Æ . | | | | | _ , | | |
| STREET ADDRESS | [| | | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | - | rST-ZIP | | | <u> </u> | - | <u></u> | | |
| MLE | | | ☐ Delete | TTT3 | - 1 | | | | | Change | Addition | |
| NAME STREET ADDRESS | | | | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | Į. | | | cm | r-S1-Z9P | | | | | | | |
| TITLE | | | ☐ Delete | FITT | Æ | | | | | ☐ Champe | ☐ Addition | |
| NAME | 1 | | | NA | | | | | | | | |
| STREET ADDRESS | | | | | PET ADDRESS Y . ST . ZIP | | • | | | | | |
| _ | portify that th | a intermedian complicativities | this filling does not mustiful | | | d in Sec | tion 119 07/31/ |) Florida Statutos | I fruither cost | ify that the in | oformation | |
| 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching that with an address, with all other like empowered. | | | | | | | | | | | | |
| SIGNATURE: SIGNATURE: SIGNATURE OF DEBUTED HAMO OF FRANKING OF FRA | | | | | | | | | | | | |
| i | • | - SIGNATURE AND I THE OR | | THE PARTY OF THE P | 4 1 | | | · teacher | D4 | SALAND SALANDA & | | |