

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90015 001 ***550.00
07-19-2006 90015 002 *****8.75

DOCUMENT # P04000065732

1. Entity Name
MILES MANUFACTURING, INC.



Principal Place of Business
1440 N. NOVA RD.
310
HOLLY HILL, FL 32117

Mailing Address
1440 N. NOVA RD.
310
HOLLY HILL, FL 32117

00041000



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1069090

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MILES MANUFACTURING~~
~~500 FRED GAMBLE WAY~~
~~ORMOND BEACH, FL 32174~~

Dorothy G. Miles
803 8th Street
Holly Hill FL 32117

**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 *Dorothy G. Miles*

(NOTE: Registered Agent signature required when reinstating)

July 10, 2006
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME ~~MILES, DOROTHY G~~ *Dorothy G. Miles*
STREET ADDRESS ~~500 FRED GAMBLE WAY~~ *803 8th Street*
CITY-ST-ZIP ~~ORMOND BEACH, FL 32174~~ *Holly Hill FL 32117*

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

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: *Dorothy G. Miles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2006
Date

Date

386-255-3729
Daytime Phone #

Daytime Phone #