

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092289

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: MILESPLIT, INC.

**Current Principal Place of Business:**

1035 PINE STREET  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1035 PINE STREET  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 51-0518902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BYRNE, JASON C  
1035 PINE STREET  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D,P  
Name: BYRNE, JASON C  
Address: 1035 PINE STREET  
City-St-Zip: APOPKA, FL 32703 US

Title: D  
Name: FINKE, FRED  
Address: 500 GRANADA WAY  
City-St-Zip: LONGWOOD, FL 32750 US

Title: D  
Name: RICH, DON  
Address: 63 COLFAX RD SUITE 200  
City-St-Zip: HAVERTOWN, PA 19083

Title: D  
Name: BYRNE, MELINDA F  
Address: 1035 PINE STREET  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: FISCHER, GARY D  
Address: 1067 EDENS GATE COURT  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY D. FISCHER

D

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date