

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 03, 2006 08:00 AM  
Secretary of State

DOCUMENT # P04000119922

1. Entity Name  
SHATACKA MILEY INCORPORATED



Principal Place of Business  
2403 STATE STREET  
TAMPA, FL 33609

Mailing Address  
2403 STATE STREET  
TAMPA, FL 33609



03312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1483039

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ZIMMER & LAWSON ACCOUNTING SERV  
2403 STATE STREET  
TAMPA, FL 33609

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MILEY, SHATACKA  
STREET ADDRESS 10208 N. 28TH ST.  
CITY-ST-ZIP TAMPA, FL 33612

TITLE  
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000000560563  
05/18/06-80045-002 150.00

**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: SNy SDMiley 4-10-06 813-220-9317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copying Place if