2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P93000015035

Entity Name: MILES BROS., INC.

Current Principal Place of Business:

7312 A1A SOUTH
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

7312 A1A SOUTH
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3179434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORNTO, L A JR.
128 ORANGE AVE.
DAYTONA BEACH, FL 32114 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: MILES, ROBLEY M JR.
Address: 6 TIDEWATER
City-St-Zip: ORMOND BEACH, FL 32174

Title: DVS ( ) Delete
Name: MILES, DAVID E
Address: 65 DOLPHIN DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DBVS ( ) Delete
Name: MILES, STEVEN G
Address: 33 FORREST VIEW
City-St-Zip: ORMOND BEACH, FL 32174

Title: DVS ( ) Delete
Name: MILES, HENRY E
Address: 7507 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DVS ( ) Delete
Name: MILES, CHARLES S
Address: 141 CREEKSIDE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DVS ( ) Delete
Name: MILES, WM. F
Address: 450 TRADEWINDS LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID E MILES DVS 01/26/2009

Electronic Signature of Signing Officer or Director Date