

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90291 023 \*\*\*150.00

20044560



<b>DOCUMENT # P98000016502</b> 1. Entity Name <b>JODI A. MILES, P.A.</b>																													
Principal Place of Business <b>219 NEWNAN STREET 4TH FLOOR JACKSONVILLE, FL 32202</b>			Mailing Address <b>219 NEWNAN STREET 4TH FLOOR JACKSONVILLE, FL 32202</b>																										
2. Principal Place of Business Suite, Apt. #, etc. <b>1916 N. PEARL ST.</b>		3. Mailing Address Suite, Apt. #, etc. <b>1916 N. PEARL ST.</b>		04152005    Chg-P    CR2E034 (10/03)																									
City & State <b>JACKSONVILLE, FLORIDA</b>		City & State <b>JACKSONVILLE, FLORIDA</b>		4. FEI Number <b>59-3503683</b>																									
Zip <b>32206</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>MILES, JODI A 219 NEWNAN ST 4 FLOOR JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name <b>JODE A. MILES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1916 N. PEARL ST</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32206</b>																									
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 <u><i>Jodi A Miles</i></u> DATE <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILES, JODI A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>219 NEWNAN ST 4TH FLOOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MILES, JODI A		STREET ADDRESS	219 NEWNAN ST 4TH FLOOR		CITY-ST-ZIP	JACKSONVILLE, FL 32202		11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1916 N. PEARL ST.</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>JACKSONVILLE, FL 32206</b></td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	<b>1916 N. PEARL ST.</b>	CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>				
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12. I hereby certify that the information supplied with this filing 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 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 the empowered.																													
SIGNATURE: <u><i>Jodi A Miles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-20-05</u> Daytime Phone # <u>904-634-1636</u>																									