

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91280 041 ***150.00

DOCUMENT # P98000036261

1. Entity Name

MILES FARMS, INC.



Principal Place of Business

**433 SILVER BEACH AVE., STE. 201
DAYTONA BEACH FL 32118**

Mailing Address

**433 SILVER BEACH AVE., STE. 201
DAYTONA BEACH FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

59-3650683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILES, ROBLEY M JR
433 SILVER BEACH AVE., STE. 201
DAYTONA BEACH FL 32118**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MILES, R. MATTHEWS
STREET ADDRESS 433 SILVER BEACH AVE., STE. 201
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE VP ☐ Change ☒ Addition
NAME Daniel T Miles
STREET ADDRESS 3554 John Anderson DR
CITY-ST-ZIP ORMOND BEACH, Florida 32176

TITLE V ☐ Delete
NAME MILES, DAVID E
STREET ADDRESS 65 DOLPHIN DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MILES, STEVEN G
STREET ADDRESS 33 FOREST WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MILES, HENRY E
STREET ADDRESS 3824 HICKORY LANE
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MILES, CHARLES S
STREET ADDRESS 141 CREEKSIDE DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MILES, WILLIAM F
STREET ADDRESS 450 TRADEWINDS LANE
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Robley M. Miles Jr. **ROBLEY M. MILES JR** *April 19, 2004* **384-252-5581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #