


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90076 015 \*\*\*150.00

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # P98000036261</b><br>1. Entity Name<br><b>MILES FARMS, INC.</b>   |  |   |  |  |   |
| Principal Place of Business<br><b>433 SILVER BEACH AVE., STE. 201<br/>DAYTONA BEACH, FL 32118</b>  |  |   | Mailing Address<br><b>433 SILVER BEACH AVE., STE. 201<br/>DAYTONA BEACH, FL 32118</b>  |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |   |
| City & State<br>Zip Country  |  | City & State<br>Zip Country   |  |   |   |
| 4. FEI Number <b>59-3650683</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>   |  |   |  |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MILES, ROBLEY M JR<br/>433 SILVER BEACH AVE., STE. 201<br/>DAYTONA BEACH, FL 32118</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>   |  |   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 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> |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MILES, R. MATTHEWS<br>433 SILVER BEACH AVE., STE. 201<br>DAYTONA BEACH, FL 32118 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Daniel Miles<br>3554 John Anderson Dr.<br>Ormond Bch, FL 32176    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MILES, DAVID E<br>65 DOLPHIN DRIVE<br>ST AUGUSTINE, FL 32086                      | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MILES, STEVEN G<br>33 FOREST WAY<br>ORMOND BEACH, FL 32174                        | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MILES, HENRY E<br>3824 HICKORY LANE<br>ST AUGUSTINE, FL 32086                     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MILES, CHARLES S<br>141 CREEKSIDE DRIVE<br>ST AUGUSTINE, FL 32086                 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MILES, WILLIAM F<br>450 TRADEWINDS LANE<br>ST AUGUSTINE, FL 32084                 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |   |  |   |   |
| <b>SIGNATURE:</b> <i>Robley M. Miles Jr.</i>   |  |   | 4/13/07 386-252-5581   |   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date Daytime Phone #</small>  |   |   |