FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2007 8:00 am
Secretary of State
05-31-2007 90003 007 ***150.00

DOCUMENT # 246887

1. Entity Name
Mitchell Granite Company, Inc

DO NOT WRITE IN THIS SPACE

40119203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
152 Martinique Circle	152 Martinique Circle
Suite, Apt. #, etc: Ponte Vedra Beach	Suite, Apt. #, etc
City & State: FL	City & State: Ponte Vedra Beach
Zip: 32082 / Country	Zip: 32082 / Country: St. Johns

4. FEI Number: 59-0962154 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: James R. Mitchell
Street Address (P.O. Box Number is Not Acceptable): 152 Martinique Circle
City: Ponte Vedra Beach FL Zip Code: 32082

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] (DELINA O. MITCHELL)
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres., Treas. James R. Mitchell 152 Martinique Circle Ponte Vedra Beach	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Pres. Sec. DELINA O. Mitchell 152 Martinique Circle, Ponte Vedra Beach FL 32082	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Mitchell (JAMES R. MITCHELL) 904 285-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904 Cel 568-1675