

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 246887

1. Entity Name  
MITCHELL "GUNITE" COMPANY, INC.



Principal Place of Business  
152 MARTINIQUE CIRCLE  
PONTE VEDRA BEACH, FL 32082

Mailing Address  
P.O. BOX 51527  
JACKSONVILLE, FL 32240-1527 US

**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**



07032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0968154

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MITCHELL, JAMES SR  
152 MARTINIQUE CR.  
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE  
IN THIS SPACE**

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

U00000957247  
08/06/08-80005-023 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME MITCHELL, JAMES SR  
STREET ADDRESS 152 MARTINIQUE CR.  
CITY-ST-ZIP PONTE VEDRA BEACH, FL

TITLE VPS  
NAME MITCHELL, CELINA O  
STREET ADDRESS 152 MARTINIQUE CR.  
CITY-ST-ZIP PONTE VEDRA BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*James R Mitchell Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-8(904)  
568-1675

JAMES R. MITCHELL, SR.