

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 253726

FILED
Jan 15, 2009
Secretary of State

Entity Name: J A MITCHELL MILLING COMPANY

Current Principal Place of Business:

616 N.E. 1ST AVE.
P. O. BOX 386
JASPER, FL 32052

New Principal Place of Business:

902 4TH STREET NW
JASPER, FL 32052

Current Mailing Address:

616 N.E. 1ST AVE.
P. O. BOX 386
JASPER, FL 32052

New Mailing Address:

902 4TH STREET NW
JASPER, FL 32052

FEI Number: 59-0940131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, JOE C.
902 N.W. 4TH STREET
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, W. S., III,
Address: 304 SE 5TH STREET
City-St-Zip: JASPER, FL

Title: V (X) Delete
Name: MITCHELL, JESSE A., JR.
Address: 800 LOMAX STREET
City-St-Zip: JACKSONVILLE, FL

Title: ST () Delete
Name: MITCHELL, JOE C.,
Address: 902 N.W. 4TH ST.
City-St-Zip: JASPER, FL

Title: D () Delete
Name: MILTON, BESSIE M.,
Address: 7006 HANSON DR. SO.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE MITCHELL

ST

01/15/2009

Electronic Signature of Signing Officer or Director

Date