


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90085 044 ***150.00

DOCUMENT # 434496
 1. Entity Name
THE MITCHELL CORPORATION OF FLORIDA



Principal Place of Business
COLONIAL BANK CENTRE
41 WEST INTERSTATE 65 SERVICE ROD NORTH
MOBILE, AL 36608-1201 US

Mailing Address
PO BOX 160306
MOBILE, AL 36616-1306 US

94039157

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



03162004 Chg-P CR2E034 (10/03)

4. FEI Number
63-0655786

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 D NAME STEFAN, CHESTER J STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP MOBILE, AL 36608	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 41 W. Interstate 65 Service Road N. Mobile, AL 36608-1201	
TITLE D NAME KELLY, DONALD P. J STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP MOBILE, AL 36608	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 41 W. Interstate 65 Service Road N. Mobile, AL 36608-1201	
TITLE VD NAME SAINT, JOHN B. STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP MOBILE, AL 36608	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 41 W. Interstate 65 Service Road N. Mobile, AL 36608-1201	
TITLE S NAME WESCH, PAUL C. STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP MOBILE, AL 36608	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 41 W. Interstate 65 Service Road N. Mobile, AL 36608-1201	
TITLE PD NAME CAMPUS III, JOSEPH J. STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP MOBILE, AL 36608	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 41 W. Interstate 65 Service Road N. Mobile, AL 36608-1201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **3-19-04** **(251) 380-2929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #