


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 434496</b> 1. Entity Name <b>THE MITCHELL CORPORATION OF FLORIDA</b>	
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Principal Place of Business <b>COLONIAL BANK CENTRE 41 WEST INTERSTATE 65 SERVICE ROAD NORTH MOBILE, AL 36608-1201 US</b>	Mailing Address <b>PO BOX 160306 MOBILE, AL 36616-1306 US</b>
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04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-0655786</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32505</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	D STEFAN, CHESTER J 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, DONALD P. J 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAINT, JOHN B. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WESCH, PAUL C. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMPUS III, JOSEPH J. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SABA, MICHAEL PAUL 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201

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05/03/05-80037-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05 (251)380-2929  
Date Daytime Phone #