


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0655786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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 _____

**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 D	STEFAN, CHESTER J 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE D	KELLY, DONALD P. J 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE VD	SAINT, JOHN B. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE SD	WESCH, PAUL C. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE VD	CAMPUS III, JOSEPH J. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE 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: John J. Campus III 4-21-05 (251) 380-2929
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #