2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #434496

1. Entity Name

THE MITCHELL CORPORATION OF FLORIDA



Principal Place of Business

Mailing Address

COLONIAL BANK CENTRE

PO BOX 160306

41 WEST INTERSTATE 65 SERVICE ROD NORTH MOBILE, AL 36608-1201 US MOBILE, AL 36616-1306 US



FILED Apr 07, 2006 08:00 AM

Secretary of State

03292006

No Chg-P

CR2E034 (11/05)

4. FEI Number 63-0655786 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32505

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5. The	above named entity submit	s this statement for the purpose	oi changing its registered cilice (r registered agent, or both, in th	e State of Florida. Lem I	amiliar with, and accept
the c	obligations of registered ag	erst.		-		
010111						

SIGNATURE

r.c _____ s:

Signature, typed or printed name of registered agent and lifte if epplicable

(NOTE: flegistered Agent signature required when reinstating)

DATE

FILE NOW!!! FRE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Feus

j						
10.	- OFFICERS AND DIRECTORS					
TIPLE NAME STREET ADDRESS CITY-SI-ZIP	D STEFAN, CHESTER J 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D KELLY, DONALD P. J 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 365081201					
TITLE NAME STREET AGGRESS CITY-SI-ZIP	VD SAINT, JOHN B. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201					
HITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESCH, PAUL C. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201					
TITLE NAME SIMEET ACCRESS CHY-SI-ZIP	VD CAMPUS III, JOSEPH J. 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201					
SITLE NAME STREET ADDRESS GUY-ST-ZP	PD SABA, MICHAEL PAUL 41 W INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201					

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12. I hereby certify that the information supplied with this filling 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-19-06

(251) 380-2920

Daytime Phone #