

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90106 004 \*\*\*150.00



**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 36616-1306 US**  
**MOBILE, AL 36608-1201 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**63-0655786**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



04252007      Chg-P      CR2E034 (12/06)

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 **Frank M. Gammon, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable) **301 N. US Hwy. #7**  
**Suite G**  
 City **Clermont**      FL      Zip Code **34711**

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 **FRANK GAMMON**      DATE **4/27/06**  
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, 2007 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 <input type="checkbox"/> Delete <b>STEFAN, CHESTER J</b> <b>41 W INTERSTATE 65 SERVICE ROAD N</b> <b>MOBILE, AL 366081201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KELLY, DONALD P. J</b> <b>41 W INTERSTATE 65 SERVICE ROAD N</b> <b>MOBILE, AL 366081201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>SAINT, JOHN B.</b> <b>41 W INTERSTATE 65 SERVICE ROAD N</b> <b>MOBILE, AL 366081201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>WESCH, PAUL C.</b> <b>41 W INTERSTATE 65 SERVICE ROAD N</b> <b>MOBILE, AL 366081201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete <b>CAMPUS III, JOSEPH J.</b> <b>41 W INTERSTATE 65 SERVICE ROAD N</b> <b>MOBILE, AL 366081201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>SABA, MICHAEL PAUL</b> <b>41 W INTERSTATE 65 SERVICE ROAD N</b> <b>MOBILE, AL 366081201</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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:      Date **4-25-07**      Daytime Phone # **(251) 340-2929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR