2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2007 08:00 A Secretary of State **DOCUMENT # 468710** 1. Entity Name MITCH ENTERPRISES, INC. Principal Place of Business Mailing Address 6765 AUSTRALIAN STREET 6765 AUSTRALIAN STREET JUPITER FL 33458 JUPITER FL 33458-3845 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-1575005 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, JEANETTE 6765 AUSTRALIAN STREET Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Addition ☐ Delete Change TITLE MITCHELL, NOBLE NAME NAME **6765 AUSTRALIAN STREET** 100000696076 17/07-80085-011 150.00 STREET ADDRESS STREET ADDRESS JUPITER FL CHY-ST-7IP CITY-ST-ZIP **VPSD** TITLE Change ☐ Delete HILE Addition MITCHELL, JEANNETTE NAME NAME 6765 AUSTRALIAN STREET STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY - ST- 7IP DT HILLE Delete TITLE Addition [Change MITCHELL, DARRELL NAME NAME **6765 AUSTRALIAN STREET** STREET ADDRESS STREET ADDRESS JUPITER EL CITY-SI-ZIP CITY+CT-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP Delete HILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ME ME ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-0

(561)744-0338

FILED