

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 488956

1. Entity Name
JIM MITCHELL RANCH, INC.



Principal Place of Business
**8324 MITCHELL RANCH RD.
NEW PORT RICHEY, FL 34655-0002**

Mailing Address
**4532 US HIGHWAY 19 - 2ND FLOOR
NEW PORT RICHEY, FL 34652**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1687587

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, JAMES W SR
8324 MITCHELL RANCH RD.
NEW PT RICHEY, FL 34655-0002**

**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 **VSD**
NAME **MITCHELL, DOROTHY S.**
STREET ADDRESS **8324 MITCHELL RANCH RD.**
CITY-ST-ZIP **NEW PORT RICHEY, FL**

TITLE **PD**
NAME **MITCHELL, DAVID DEWEY**
STREET ADDRESS **8324 MITCHELL RANCH RD.**
CITY-ST-ZIP **NEW PORT RICHEY, FL**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. DEWEY
Mitchell**

4-7-05 727-847-6556

Date

Daytime Phone #