

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 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
**7916 EVOLUTIONS WY
STE 106
TRINITY, FL 34655**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1687587	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

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000842319
03/11/08-80025-011 150.00

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *D. Dewey Mitchell* **D. Dewey Mitchell 2-27-08 569-2332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #