2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

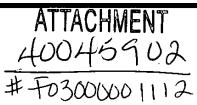
| DOCUMENT # F0300001112 1. Entity Name THE MITCHELL COMPANY OF THE SOUTHEAST | | | | | | 04-07-2006 9 | 90024 025 | ***150 | 0.00 |
|---|--|--|------------------------|--|----------------------------|-------------------|-------------|------------------------|---------------------------|
| Principal Place of Business Mailing Address | | | | | ┨ | | | | |
| 41 W. I-65 SERVICE ROAD NORTH MOBILE, AL 36608 | | P.O. BOX 160306 MOBILE, AL 36616-1306 | | | | | | | PREI 14 4881 |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03292006 | Chg-P | CR2E034 | (11/05) | |
| City & State | | City & State | | | 4. FEI Numbe 63-063 | | | _ | plied For t Applicable |
| Zip | Country | Zip | Countr | У | 5. Certificate | of Status Desired | | 8.75 Add e Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| CAMPUS, JOE | | | | Name | | | | | |
| 3298 SUMMIT BLVD. #18 PENSACOLA, FL 32503 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| TENONOUS, TE 02300 | | | | | | | | | |
| | | | | City | | | FL | Zip Code | |
| | named entity submits this statement for ions of registered agent. | ered agent, or bot | h, in the State of Flo | orida. I am far | niliar with, | and accept | | | |
| 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, 2006 Fee will be \$550.00 Trust Fund Contribution. | | | | | 5.00 May Be ded to Fees | | | - | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | ICERS AND C | HRECTORS | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAINT, JOHN B 41 INTERSTATE 65 SERVCE ROAD N. ST | | NAME STREET | T ADDRESS | | | [| Change | Addition |
| HITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Delete TIM STEFAN, CHESTER J 41 W. INTERSTATE 65 SERVICE ROAD N | | | T ADORESS ST-ZIP | | | [| Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | T ADORESS ST-ZIP | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | T ADDRESS ST-ZIP | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | T ADDRESS ST-ZIP | | | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | D VEASEY, SUSAN S 41 W. INTERSTATE 65 SERVIC MOBILE, AL 36608 | ☐ Delete | | | | | 1 | Change | ☐ Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-29-06 (951)380-2929 Date Dayline Phone #



The Mitchell Company Of The Southeast F.E.I.# 63-0633598 Additional Officers & Directors

Title

Name

Complete Business Address

Secretary

Paul C. Wesch

Colonial Bank Centre, 41 West Interstate 65 Service Road North, Mobile, AL 36608-1201

Director

William B. Saint

Colonial Bank Centre, 41 West Interstate 65 Service Road North, Mobile, AL 36608-1201

Director

Karen S. Sullivan

Colonial Bank Centre, 41 West Interstate 65 Service Road North, Mobile, AL 36608-1201