

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005101

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: MITCHELL MANAGEMENT OF ALABAMA, INC.

## Current Principal Place of Business:

41 WEST I-65 SERVICE RD N  
SUITE 450  
MOBILE, AL 36608

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 16506  
MOBILE, AL 366161506

## New Mailing Address:

FEI Number: 20-4617516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUTTMANN, STEPHEN M ATTN:  
314 S BAYLEN STREET  
#203  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete  
Name: STEFAN, CHESTER J  
Address: P.O. BOX 16506  
City-St-Zip: MOBILE, AL 366161506

Title: D ( ) Delete  
Name: STEFAN, CHESTER J  
Address: P.O. BOX 16506  
City-St-Zip: MOBILE, AL 366161506

Title: VCHD (X) Delete  
Name: SAINT, JOHN B  
Address: P.O. BOX 16506  
City-St-Zip: MOBILE, AL 366161506

Title: VCHD (X) Delete  
Name: KELLEY, DONALD P JR.  
Address: P.O. BOX 16506  
City-St-Zip: MOBILE, AL 366161506

Title: P (X) Delete  
Name: COFFEY, PATRICK J  
Address: P.O. BOX 16506  
City-St-Zip: MOBILE, AL 366161506

Title: S ( ) Delete  
Name: FARMER, KIM  
Address: P.O. BOX 16506  
City-St-Zip: MOBILE, AL 366161506

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: COFFEY, PATRICK J  
Address: P.O. BOX 16506  
City-St-Zip: MOBILE, AL 36616 05

Title: D (X) Change ( ) Addition  
Name: COFFEY, PATRICK J  
Address: P.O. BOX 16506  
City-St-Zip: MOBILE, AL 366161506

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK J. COFFEY

CEO

04/16/2007

Electronic Signature of Signing Officer or Director

Date