

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F80182</b>		
1. Entity Name MITCHELL TRANSMISSION SUPPLY CO INC.		
Principal Place of Business % JAMES EARL MITCHELL, JR. 2517 LIBERTY STREET JACKSONVILLE, FL 32206		Mailing Address % JAMES EARL MITCHELL, JR. 2517 LIBERTY STREET JACKSONVILLE, FL 32206
<b>DO NOT WRITE IN THIS SPACE</b>		
		01262005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2185377		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 E. JR. 2517 LIBERTY STREET JACKSONVILLE, FL 32206		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<p>U00000301476 04/13/05-80033-012 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, JAMES E JR 5051 RUE ST JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MITCHELL, DEBORAH J. 5051 RUE STREET JACKSONVILLE, 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		
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 empowered.		
SIGNATURE:  James E. Mitchell Sr 3-31-05 904 353 5564		Date _____ Daytime Phone # _____