

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # F81811
 1. Entity Name
MITCHELL MARINE ELECTRIC INC.



Principal Place of Business
**959 HYDE PARK ROAD
 LOXHATCHEE FL 33470**

Mailing Address
**959 HYDE PARK ROAD
 LOXHATCHEE FL 33470**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

1st MOORE CR2E034 (10/04)

Zip Country Zip Country

4. FEI Number **59-2235474**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MITCHELL, TIMOTHY J.
 959 HYDE PARK ROAD
 LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY, ST, ZIP	P MITCHELL, TIMOTHY J. 959 HYDE PARK RD. LOXAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S MITCHELL, LYNDA K. 959 HYDE PARK RD. LOXAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000330719 04/25/05-80172-011 150.00		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy J. Mitchell **TIMOTHY J MITCHELL** 4-21-05 561-312-2225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #