



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L47163 1. Entity Name JOSEPH D. MITCHELL, P.A.	
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Principal Place of Business 2851 REMINGTON GREEN CIRCLE STE. D TALLAHASSEE, FL 32308 US	Mailing Address 2851 REMINGTON GREEN CIRCLE STE. D TALLAHASSEE, FL 32308 US
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DO NOT WRITE IN THIS SPACE

FILED
05 APR 12 AM 11:31
**CLERK OF STATE
TALLAHASSEE, FLORIDA**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2970754	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, JOSEPH
2851 REMINGTON GREEN CIRCLE
STE. D
TALLAHASSEE, FL 32308**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MITCHELL, JOSEPH D 3012 OBRIEN ST. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FARMER, C GUY 3486 HYDE PARK WAY TALLAHASSEE, 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: *C. G. Farmer* **C. G. FARMER** *Seny* **4/10/05** **850-386-2522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #