

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L47163

1. Entity Name
JOSEPH D. MITCHELL, P.A.



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

FILED
CLERK OF STATE
DIVISION OF CORPORATION

06 MAR 15 AM 10:59



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2970754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, JOSEPH
2851 REMINGTON GREEN CIRCLE
STE. D
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

700068558227
03/24/06--01004--022 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

C. G. Farmer, SEC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/06
Date

850-386-2522
Daytime Phone #

M. Williams MAR 19 2006