

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000050551

1. Entity Name

MITCHELL'S INSURANCE SERVICES, INC.



Principal Place of Business

2810-B HWY. 77
PANAMA CITY FL 32405

Mailing Address

2810-B HWY. 77
PANAMA CITY FL 32405



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3722494

Applied Fu
Not Applic

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

6. Name and Address of Current Registered Agent

STOPKA, ALBERT J
108 MOSLEY DR.
LYNN HAVEN FL 32444

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May
Trust Fund Contribution. ☐ Added to F.C.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MITCHELL, JERRY P	
STREET ADDRESS	4530 BOLLINGER RD	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	ST	☐ Delete
NAME	MITCHELL, JANET	
STREET ADDRESS	4530 BOLLINGER RD.	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	V	☐ Delete
NAME	MITCHELL, MARK E	
STREET ADDRESS	1442 CALVIN AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the report, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR