


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90070 002 \*\*\*150.00

<b>DOCUMENT # P02000031565</b>	
<b>1. Entity Name</b> FRANK MITCHELL CONSULTING, INC.	

<b>Principal Place of Business</b> 3702 COLD CREEK DR VALRICO FL 33594	<b>Mailing Address</b> 3702 COLD CREEK DR VALRICO FL 33594
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<b>2. Principal Place of Business</b> <u>3702 Cold Creek Dr</u> Suite, Apt. #, etc. <u>Flm</u>	<b>3. Mailing Address</b> <u>3702 Cold Creek Dr.</u> Suite, Apt. #, etc. <u>Flm</u>
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<b>City &amp; State</b> <u>Valrico FL 33594</u>	<b>City &amp; State</b> <u>Valrico FL</u>
<b>Zip</b> <u>33594</u>	<b>Country</b> <u>Hillsborough</u>



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 04-3625242	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MITCHELL, FRANK 3702 COLD CREEK DR VALRICO FL 33594  <u>Flm</u>
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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<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.</b>		
<b>SIGNATURE</b> <u>Frank Mitchell</u> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> <u>25 March 04</u> (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004. Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete MITCHELL, FRANK c 3702 COLD CREEK DR VALRICO FL 33594
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete MITCHELL, DEBORAH c 3702 COLD CREEK DR VALRICO FL 33594
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>		
<b>SIGNATURE:</b> <u>Frank Mitchell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Date</b> <u>25 March 04</u>	<b>Daytime Phone #</b> <u>813-654-0695</u>