



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P03000012422 | |  |
| 1. Entity Name THE MITCHUM BROTHERS, INC. | | |
| Principal Place of Business 2946 ORANGE TREE DR EDGEWATER, FL 32141 | Mailing Address 2946 ORANGE TREE DR EDGEWATER, FL 32141 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MITCHUM, DAVID 2946 ORANGE TREE DR EDGEWATER, FL 32141 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | U000000474299 04/04/06-80018-002 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MITCHUM, DAVID L 2946 ORANGE TREE DR EDGEWATER, FL 32141 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V MITCHUM, PAUL D 2946 ORANGE TREE DR EDGEWATER, FL 32141 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MITCHUM, PAUL D 2946 ORANGE TREE DR EDGEWATER, FL 32141 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T MITCHUM, DAVID L 2946 ORANGE TREE DR EDGEWATER, FL 32141 | |
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| 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 life empowered. | | |
| SIGNATURE:  | | 3/16/06 306 427 3096 <small>Date Daytime Phone #</small> |