2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000018356

1. Entity Name
DLM - MITCHELL PROPERTIES, INC.

Principal Place of Business	Mailing Address
14290 WALSINGHAM ROAD LARGO, FL 33774	9968 OAKS LANE SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

04172007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
06-1679463	Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, DUKE L
14290 WALSINGHAM ROAD
LARGO, FL 33774

**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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees
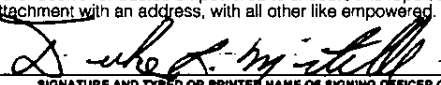
10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	MITCHELL, DUKE L	
STREET ADDRESS	14290 WALSINGHAM ROAD	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	STD	
NAME	MITCHELL, LINDA F	
STREET ADDRESS	14290 WALSINGHAM ROAD	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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05/01/07-80086-011 150.00

**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: _____   4-17-07   727-391-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #