

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076024

FILED  
Jul 08, 2004  
Secretary of State

Entity Name: JOANNA M. MITCHELL, P.A.

## Current Principal Place of Business:

5313 NEWHALL DR.  
ORLANDO, FL 32810 US

## New Principal Place of Business:

1809 EAST BROADWAY STREET  
SUITE 321  
OVIEDO, FL 32765 US

## Current Mailing Address:

5313 NEWHALL DR.  
ORLANDO, FL 32810 US

## New Mailing Address:

1809 EAST BROADWAY STREET  
SUITE 321  
OVIEDO, FL 32765 US

FEI Number: 91-2197010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITCHELL, JOANNA M  
606 SHOREWOOD DR.  
#C-304  
CAPE CANAVERAL, FL 32792 US

## Name and Address of New Registered Agent:

MITCHELL, JOANNA M  
1809 EAST BROADWAY STREET  
SUITE 321  
OVIEDO, FL 32765 US

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.

SIGNATURE: JOANNA M. MITCHELL

07/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MITCHELL, JOANNA M  
Address: 606 SHOREWOOD DR., #C-304  
City-St-Zip: CAPE CANAVERAL, FL 32792 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MITCHELL, JOANNA M  
Address: 606 SHOREWOOD DR., #C-304  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNA M. MITCHELL

P

07/08/2004

Electronic Signature of Signing Officer or Director

Date