

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90270 027 ***150.00

DOCUMENT # P03000080289

1. Entity Name
MITIGATION PBC, INC.



Principal Place of Business
**7932 FLAGLER COURT SOUTH
WEST PALM BEACH, FL 33405 US**

Mailing Address
**12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414 US**

20046324



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0113545

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, T
MCINTOSH, DAVID
7932 FLAGLER COURT SOUTH
WEST PALM BEACH, FL 33405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCINTOSH, DAVID
7932 FLAGLER COURT SOUTH
WEST PALM BEACH, FL 33405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
OLSON II, EDWARD C
205 OLIVE AVENUE, SUITE 16
PORT ST. LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S, D
OLSON II, EDWARD C
205 OLIVE AVENUE, SUITE 16
PORT ST. LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: X *David McIntosh* **David McIntosh, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/31/05
X (561) 355-3900**