## 2006 FOR PROFIT CORPORATION

## . -- ANNUAL REPORT

DOCUMENT # P03000128818

1. Entity Name

BRIAN MITCHELL INSTALLATION INCORPORATED



**FILED** Mar 15, 2006 08:00 AM Secretary of State

Principal Place of Business

3801 GOLDEN ACRES CIRCLE CRESTVIEW, FL 32539

Mailing Address

3801 GOLDEN ACRES CIRCLE CRESTVIEW, FL 32539



DO NOT WRITE IN THIS SPACE

02202000	110 0119 1	O(12C05+(1110)	
. FEI Number			Applied For
20-0399	505		Not Applicab

	··-		•	5. Certificate of State	rus Desired 🔲	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent								
MITCHELL, BRIAN L 3801 GOLDEN ACRES CIRCLE CRESTVIEW, FL 32539			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			Agent signature require	d when reinstating)	DAT	<del>Ž </del>		
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees		· ·		
10.	OFFICERS AND DIREC	TORS	<u> </u>					
TITLE NAME SIREET ADDRESS GITY-ST-ZIP	PTD MITCHELL, BRIAN L 3801 GOLDEN ACRES CIRCLE CRESTVIEW, FL 32539				Hononaros	<b>7.</b>		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				UDD000468167 03/24/06-80020-009 150.00				
THTLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	OT WRIT	T <b>E</b>		
TITLE MAME STREET ADDRESS GITY-ST-ZIP				IN TH	IS SPAC	Έ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						· · · · · · · · · · · · · · · · · · ·		
TITLE WAME STREET ADDRESS CITY-ST-2IP								

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 ceth, 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 wilf an address, with all put of like appropriate (CT).

SIGNATURE: