

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132069

Entity Name: DANNY MITCHELL CONSTRUCTION, INC

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

359 SMALLWOOD DRIVE  
CHOKOLOSKEE, FL 34138

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 706  
CHOKOLOSKEE, FL 34138

## New Mailing Address:

FEI Number: 45-0528891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MITCHELL, DANNY N  
359 SMALLWOOD DRIVE  
CHOKOLOSKEE, FL 34138 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: MITCHELL, DANNY N  
Address: 359 SMALLWOOD DRIVE  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: S/D ( ) Delete  
Name: MITCHELL, HAZEL S  
Address: 359 SMALLWOOD DRIVE  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: VANLEEUWEN, DONNA  
Address: 359 SMALLWOOD DRIVE  
City-St-Zip: CHOKOLOSKEE, FL 34138

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: HAZEL MITCHELL

S/D

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date