


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 005 ***150.00

| | |
|--|---|
| DOCUMENT # P0300013Z224 1. Entity Name MITCHELL RICE CONSTRUCTION, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 142 WASHINGTON BLVD LAKE PLACID, FL 33852 | Mailing Address 142 WASHINGTON BLVD LAKE PLACID, FL 33852 |
|---|---|

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 02-0712189 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145 | 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 Mitchell Rice (NOTE: Registered Agent signature required when reinstating) DATE 5-1-08

| | |
|--|--|
| FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|

| | |
|--|---|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST RICE, WILLIAM M 142 WASHINGTON BLVD LAKE PLACID, FL 33852 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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: Mitchell Rice 5-5-08 863-441-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40107696

P03000/37224

5-5-08

Recently,

I HAVE BEEN UNDERGOING TREATMENT
FOR CANCER. AND DID NOT REALIZE
THAT THIS BILL WAS GOING TO BE
LATE. PLEASE EXCUSE US THIS ONCE

Sincerely Pamela Rice
AWAY FROM HOME LAST 5 WEEKS!