

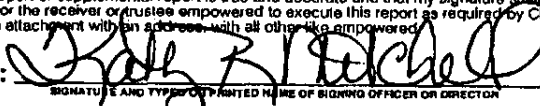
FILED
May 07, 2004 8:00 am
Secretary of State

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04-22-2004 90031 044 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

66419923

DOCUMENT # P03000138907			
1. Entity Name KATHY MITCHELL ENTERPRISES, INC.			
Principal Place of Business 215 DOLPHIN ESTATES DESTIN, FL 32541 US		Mailing Address 215 DOLPHIN ESTATES DESTIN, FL 32541 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32541	Country	Zip	Country
4. FEI Number 54-2134605		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MITCHELL, KATHY 215 DOLPHIN ESTATES DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32541	
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 state if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR MITCHELL, KATHY 215 DOLPHIN ESTATES DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition Destin, FL 32541
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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: 		4/13/04 8502401188	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	