


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90003 041 \*\*\*158.75

<b>DOCUMENT # P03000144268</b>			
1. Entity Name MITCHELL'S FLOORS, INC			
Principal Place of Business 15010 NORMANDY BOULEVARD JACKSONVILLE, FL 32234		Mailing Address 15010 NORMANDY BOULEVARD JACKSONVILLE, FL 32234	
2. Principal Place of Business <i>15010 Normandy Boulevard</i> Suite, Apt. #, etc.		3. Mailing Address <i>15010 Normandy Boulevard</i> Suite, Apt. #, etc.	
City & State <i>JACKSONVILLE FL</i>		City & State <i>JACKSONVILLE FLA</i>	
Zip <i>32234</i>	Country <i>FL</i>	Zip <i>32234</i>	Country <i>FL</i>
4. FEI Number <i>55-0851975</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, ROBERT L JR. 15010 NORMANDY BOULEVARD JACKSONVILLE, FL 32234		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, ROBERT L JR. 15010 NORMANDY BOULEVARD JACKSONVILLE, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert L Mitchell Jr</i>		7-27-05 904 2897531	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

*Robert L Mitchell Jr*