

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90001 013 ***150.00

DOCUMENT # P03000155853
 1. Entity Name
 MITCHELL MECHANICAL SERVICES, INC.



Principal Place of Business Mailing Address
 13780 HOWARD BOULEVARD 13780 HOWARD BOULEVARD
 KATHLEEN, FL 33849 US KATHLEEN, FL 33849 US

34008838



2. Principal Place of Business 3. Mailing Address
 13780 HOWARD BLVD 13780 HOWARD BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02072004 Chg-P CR2E034 (10/03)

City & State City & State
 KATHLEEN, FL. KATHLEEN, FL
 Zip Country Zip Country
 33849 USA 33849 USA

4. FEI Number Applied For
 20-0662432 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MITCHELL, JOHN R
 13780 HOWARD BOULEVARD
 KATHLEEN, FL 33849

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 _____ (NOTE: Registered Agent signature required when reconstituting) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, JOHN R 13780 HOWARD BOULEVARD KATHLEEN, FL 33849 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, JOHN R 13780 HOWARD BOULEVARD KATHLEEN, FL 33849 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MITCHELL, JOHN R 13780 HOWARD BOULEVARD KATHLEEN, FL 33849 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MITCHELL, JOHN R 13780 HOWARD BOULEVARD KATHLEEN, FL 33849 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. VICKI MITCHELL 13780 HOWARD BLVD KATHLEEN, FL 33849 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John R Mitchell John R MITCHELL (PRES) 2-17-04 863-640-4581
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #