

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000155853

1. Entity Name

MITCHELL MECHANICAL SERVICES, INC.



Principal Place of Business

13780 HOWARD BLVD
KATHLEEN FL 33849
US

Mailing Address

13780 HOWARD BLVD
KATHLEEN FL 33849
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0662432

Applied For
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

John R. Mitchell

John R. Mitchell

2-2-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May:
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN R	
STREET ADDRESS	13780 HOWARD BOULEVARD	
CITY- ST- ZIP	KATHLEEN FL 33849	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN R	
STREET ADDRESS	13780 HOWARD BOULEVARD	
CITY- ST- ZIP	KATHLEEN FL 33849	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN R	
STREET ADDRESS	13780 HOWARD BOULEVARD	
CITY- ST- ZIP	KATHLEEN FL 33849	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MITCHELL, VICKI	
STREET ADDRESS	13780 HOWARD BOULEVARD	
CITY- ST- ZIP	KATHLEEN FL 33849	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Mitchell

John R. Mitchell

2-2-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #