

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011425

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: MITCH MITCHELL FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

3250 EMERSON ST.  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 57683  
JACKSONVILLE, FL 32241

## New Mailing Address:

FEI Number: 20-0507416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITCHELL, WILLIE L  
10609 ST. AUGUSTINE ROAD #2  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

MITCHELL, WILLIE L  
9259 WESLEY COVE CT  
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: WILLIE L. MITCHELL

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MITCHELL, WILLIE L  
Address: 10609 ST. AUGUSTINE ROAD #2  
City-St-Zip: JACKSONVILLE, FL 32257

Title: V ( ) Delete  
Name: MITCHELL, KEVIN LLOYD  
Address: 130 HIDDEN PALMS LN  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MITCHELL, WILLIE L  
Address: 9259 WESLEY COVE CT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE L MITCHELL

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date