

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90071 002 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                   |                                                                                            |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000018557</b><br>1. Entity Name<br><b>GEORGE MITCHELL SERVICES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                   |                                                                                            |                                                     |  |
| Principal Place of Business<br><b>1309 COOL MONT DR.<br/>BRANDON, FL 33511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                                   | Mailing Address<br><b>1309 COOL MONT DR.<br/>BRANDON, FL 33511</b>                         |                                                                                                                                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                                   | 3. Mailing Address                                                                         |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                   | Suite, Apt. #, etc.                                                                        |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                   | City & State                                                                               |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | Country                                                           |                                                                                            | Zip                                                                                                                                  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | Country                                                           |                                                                                            | 4. FEI Number<br><b>11-3711895</b>                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                   |                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SEFTER, FRED<br/>1707 OAK BRANDT CT.<br/>BRANDON, FL 33511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                   |                                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature typed or printed name of registered agent and title furnished (NOTE: Registered Agent signature required when registering)</small>                                                                                                                                                                                                                            |                                                                             |                                                                   |                                                                                            |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                      |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PD<br/>MITCHELL, GEORGE<br/>1309 COOL MONT DR.<br/>BRANDON, FL 33511</b> | <input type="checkbox"/> Delete                                   |                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <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)(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>George Mitchell</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                   | Date <b>4-13-05</b>                                                                        |                                                                                                                                      |  |
| Daytime Phone # <b>(813) 681-8828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                   |                                                                                            |                                                                                                                                      |  |