2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P04000022419

Entity Name: MITCHCO INVESTMENTS, INC.

Current Principal Place of Business:

4201WESTGATE AVENUE
A-16
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

4201WESTGATE AVENUE
A-16
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, NEVILLE
4201 WESTGATE AVENUE
A-16
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MITCHELL, NEVILLE P/S	
Address:	4201 WESTGATE AVE #A16	
City-St-Zip:	WEST PALM BEACH, FL 33409 US	
Title:	VP	( ) Delete
Name:	HARVEY, JENNIFER VP	
Address:	4201 WESTGATE AVENUE, A-16	
City-St-Zip:	WEST PALM BEACH, FL 33409 US	
Title:	T	( ) Delete
Name:	ESCOFFERY, MARK T	
Address:	4857 FOXWOOD CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33417 US	
Title:	VP	( ) Delete
Name:	MITCHELL, BRIAN VP	
Address:	4201 WESTGATE AVE #A16	
City-St-Zip:	WEST PALM BEACH, FL 33409 US	
Title:	S	( ) Delete
Name:	MARCH, ANNMARIE	
Address:	4629 WADITA KA WAY	
City-St-Zip:	WEST PALM BEACH, FL 33417 US	
Title:	D	( ) Delete
Name:	MARCH, CALVERT	
Address:	4629 WADITA KA WAY	
City-St-Zip:	WEST PALM BEACH, FL 33417	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: NEVILLE MITCHELL PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date