2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
08-08-2005 90047 010 ***150.00

DOCUMENT # P04000033475

1. Entity Name
MITCHELL CARPENTRY INC.

Principal Place of Business	Mailing Address
114 ASHLEY DR PALATKA, FL 32177 US	114 ASHLEY DR PALATKA, FL 32177 US

J0000441

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07292005 Chg-P CR2E034 (10/03)

4. FEI Number: 20 0797608 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, PENDLETON 114 ASHLEY DR PALATKA, FL ,32177	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 ________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECR MITCHELL, PENDLETON 114 ASHLEY DR PALATKA, FL 32177	☐ Delete	P Mitchell, Christen A. 114 Ashley Drive Palatka FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ADV GILL, AARON 114 ASHLEY DR PALATKA, FL 32177	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ADV GILL, NATHANIEL 114 ASHLEY DR PALATKA, FL 32177	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ 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: [signature] Pendleton Mitchell 29 July 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #