2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P04000115598** 04-18-2005 90550 021 ***150.00 MITCHELL CARPENTRY CONTRACTORS INC Principal Place of Business Mailing Address 2160 EOLA COURT 2160 EOLA COURT CONTINON OVIEDO, FL 32765---OVIEDO: FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02092005 Applied For City & State 4. FEI Number City & State 201514790 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MITCHELL, MARC JR. Street Address (P.O. Box Number is Not Acceptable) 2160 EOLA COURT **OVIEDO, FL 32765** 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 Sgreazes, typed or printed name of replacemed agent and title if applicables. (NOTE: Registered Agent signature required when renessing) CATE B. Election Campaign Financing \$5.00 May Ba FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Defete Change Addition MILE TITLE MITCHELL, MARC JR. NAME NAME STREET ADDRESS 2160 EOLA COURT STREET ADDRESS Q11Y-\$1-ZP OVIEDO, FL 32765 CITY-51-74P TITLE Change Addition TITLE Delete MITCHELL MARC JR. MALE MARKE STREET ADDRESS 2160 EOLA COURT STREET ADDRESS CTY-51-20 OVIEDO, FL 32765 CTTY-ST-70P TITLE ☐ Detere TITLE Change Addition KALAF MAJE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TTLE Change - T Addition ☐ Delcie TITLE NAME HALAS STREET ADORESS STREET ACCRESS CITY-ST-ZP CITY-ST-27P TITLE TITLE Change Addition Oelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZP 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 path; 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.

FILED May 16, 2005 8:00 am