


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00
Secretary of State

DOCUMENT # P04000157566 1. Entity Name MITCHELL RANCH MANAGMENT, INC.	
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Principal Place of Business 8324 STATE RD 54 NEW PT RICHEY, FL 34655-3003	Mailing Address 8324 STATE RD 54 NEW PT RICHEY, FL 34655-3003
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1944324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, AMELIA M
501 E KENNEDY BLVD
STE 1700
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000754233
05/22/07-80052-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JAMES W 8324 STATE RD 54 NEW PT RICHEY, FL 346553003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, DOROTHY 8324 STATE RD 54 NEW PT RICHEY, FL 346553003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, D. DEWEY 4532 US HWY 19 - 2ND FLOOR NEW PT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: D. Dewey Mitchell  **04/29/07** **(727) 847-6556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #