

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000157566

1. Entity Name
MITCHELL RANCH MANAGMENT, INC.



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



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1944324

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000941353
05/28/08-80104-010 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MITCHELL, JAMES W
STREET ADDRESS 8324 STATE RD 54
CITY-ST-ZIP NEW PT RICHEY, FL 346553003

TITLE D
NAME MITCHELL, DOROTHY
STREET ADDRESS 8324 STATE RD 54
CITY-ST-ZIP NEW PT RICHEY, FL 346553003

TITLE D
NAME MITCHELL, D. DEWEY
STREET ADDRESS 4532 US HWY 19 - 2ND FLOOR
CITY-ST-ZIP 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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-29-08

Date

727-569-2332

Daytime Phone #