

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000157680 1. Entity Name MITCHELL INVESTMENTS MANAGEMENT, 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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04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1944480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. 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, 2006 Fee will be \$550.00**

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

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	

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U00000551803
 05/13/06-80110-021 150.00

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: Dorothy Mitchell Dorothy Mitchell ✓ 4/28/06 (727) 375-7722

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #