2006 FOR PROFIT CORPORATION ANNUAL REPORT

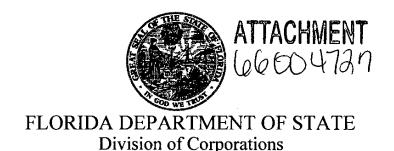
DOCUMENT # P05000052173



FILED Mar 13, 2006 8:00 am Secretary of State

1. Entity Name MITCHELL PLASTERING, INC							90013 015 ***		
Principal Place 4007 REID S PALATKA, FL	Mailing Address 106HOWARD DR INTERLACHEN, FL 32	IOWARD DR		PPAARIEL					
2. Plincipal F	Tace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	W, etc.	Suite, Apt. #, etc.			02172006	Chg-P	CR2E034 (11	/05)	
City & State		City & State			4. FEI Numbe	2 64023	7.	Applied For Not Applicable	
Zip	· Country	Zip Country		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent	ــر.		7. Name and	Address of New R	legistered Agent	<u> </u>	
, -				Name					
MITCHELL, DONNIE 106 HOWARD DR INTERLACHEN, FL 32148			-	Street Address (P.O. Box Number is Not Acceptable)					
		•							
				City			FL Zip	Code	
	named entity submits this statement tions of registered agent.	for the purpose of changing it	s register	ed office or register	red agent, or bot	h, in the State of Flo	orida. I am lamiliar	with, and accept	
SIGNATURE.	Signature, typed or printed name of repistered age	ent and life of applicable. (NO	TE: Projetere	id Agent signature required	when renstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Cor			.00 May Be ed to Fees				
10.	OFFICERS AN	ID DIRECTORS	11,		ADDITIONS!	CHANGES TO DEE	ICERS AND DIREC	TODE	
TILE.	P	Delette	m		ADDITIONS/	STANGES TO OFF	Cha		
NAME	MITCHELL, DONNIE	, C Deleas	NAV	- 1				nge Addition	
STREET ADDRESS	106 HOWARD DR			EET ADDRESS					
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY	'-ST-ZIP					
TITLE	VP	☐ Delete	गार	E			☐ Cha	inge Addition	
NAME	MITCHELL, PHYLLIS		NAM					ingo	
STREET ADDRESS	106 HOWARD DR		STR	EET ADDRESS					
CITY-ST-71P	INTERLACHEN, FL 32148		сту	-ST-ZIP					
TITLE		☐ Delete	Πη	E			☐ Cha	nge 🔲 Addition	
NAME		The state of the s		Ē ·		· ·—	· · -		
STREET ADDRESS			STRE	ET ADORESS					
CITY-ST-71P	·-		CITY	-ST-ZIP					
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TITLE		Delete	TIQ.	ı			Cha	nge 🔯 Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS					
CETY- ST-ZIP				.CT7IP					

12. I hereby certify that the information supplied with this filling does not quality 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attentifient with an address, with all other ties empty.



February 22, 2006

MITCHELL PLASTERING, INC 106HOWARD DR INTERLACHEN, FL 32148

Subject: MITCHELL PLASTERING, INC

Reference Number:

P05000052173

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION