

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90032 015 ***150.00

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1. Entity Name

MITCHELL KEVIN WOODALL, INC.



Principal Place of Business
3947 BLVD. CENTER DR.
BLDG. 1000, SUITE 122
JACKSONVILLE FL 32207

Mailing Address
3947 BLVD. CENTER DR.
BLDG. 1000, SUITE 122
JACKSONVILLE FL 32207



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-5891329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODALL, MITCHELL K SR.
1 INDEPENDENT DRIVE
SUITE 100, MAILBOX 74
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Mitchell K. Woodall, Sr.

Street Address (P.O. Box Number is Not Acceptable)

3947 Blvd. Center Drive

Bldg. 1000, Suite 122

City

Jacksonville, FL 32207

FL

Zip Code

32207

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]

(NOTE: Registered Agent signature required when reissuing)

DATE

1/26/2007

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WOODALL, MICHELL K SR.
STREET ADDRESS 1 INDEPENDENT DR., STE 100 MAILBOX 74
CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President; Mitchell K. Woodall, Sr. ☒ Change ☐ Addition
NAME
STREET ADDRESS 3947 Blvd Center
CITY - ST - ZIP Bldg. 1000, Suite 122 Jacksonville, FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2007

Date

(904) 329-0600

Daytime Phone #