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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000062887

1. Entity Name
MITCHELL KEVIN WOODALL, INC.

FILED
08 MAY 29 AM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4040 WOODCOCK DR.
BLDG. 2200, SUITE 106
JACKSONVILLE, FL 32207

Mailing Address
4040 WOODCOCK DR.
BLDG. 2200, SUITE 106
JACKSONVILLE, FL 32207

01062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4040 Woodcock Drive	4040 Woodcock Drive
Suite, Apt. #, etc. Suite 106	Suite, Apt. #, etc. Suite 106
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207 Country USA	Zip 32207 Country USA

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, MICHELL K SR.
3947 BLVD CENTER DRIVE
BLDG. 1000, SUITE 122
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name Mitchell K. Woodall, Sr.
Street Address (P.O. Box Number is Not Acceptable)
4040 Woodcock Drive, Suite 106
City Jacksonville 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]
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

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05/29/08--01002--008 **252.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODALL, MICHELL K 3947 BLVD CENTER BLDG. 1000, SUITE 122 JACKSONVILLE, FL 32207 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Principal Mitchell K. Woodall, Sr. 4040 Woodcock Drive, Ste. 106 Jacksonville, FL 32207 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4-30-2008 904-229-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #