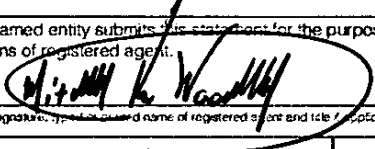


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000062887 1. Entity Name MITCHELL KEVIN WOODALL, INC.						FILED 08 MAY 29 AM 6:49 DEPARTMENT 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			
2. Principal Place of Business - No P.O. Box # 4040 Woodcock Drive		3. Mailing Address 4040 Woodcock Drive					
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc. Suite 106					
City & State Jacksonville, FL		City & State Jacksonville, FL					
Zip 32207		Zip 32207					
Country USA		Country USA		4. FEI Number 20-5891329			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable			
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:  (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		300130371293 05/29/08--01002--008 **252.25	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D NAME WOODALL, MICHELL K STREET ADDRESS 3947 BLVD CENTER BLDG. 1000, SUITE 122 CITY-ST-ZIP JACKSONVILLE, FL 32207	☒ Delete			TITLE Principal NAME MITCHELL K. Woodall, Sr. STREET ADDRESS 4040 Woodcock Drive, Ste. 106 CITY-ST-ZIP JACKSONVILLE, FL 32207	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 				4.30.2008		904.229.0600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	