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Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90092 002 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000097586

1. Entity Name
SCOTT MITCHELL TRUCKING, INC

40063428

Principal Place of Business	Mailing Address
1366 PEAK RD WESTVILLE, FL 32464	P O BOX 507 GENEVA, AL 36340

01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1366 PEAK Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WESTVILLE, FL
Zip / Country	Zip: 32464 / Country: HOLMES

4. FEI Number: 20-5407006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLENBURG, LISA 1136 ENGLISH LN WESTVILLE, FL 32464	Name: SCOTT MITCHELL Street Address (P.O. Box Number is Not Acceptable): 1366 PEAK RD WESTVILLE FL City: FL Zip Code: 32464

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: Scott Mitchell 3-23-07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MITCHELL, SCOTT 1366 PEAK RD WESTVILLE, FL 32464	☐ 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: Scott M 3-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

POCh# 1511
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