2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064447

Entity Name: MITCHDAN, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

350 OLD BOSTON RD

THOMASVILLE, GA 31792 US

Current Mailing Address: New Mailing Address:

PO BOX 5768

THOMASVILLE, GA 31758

FEI Number: 59-3216526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIPMAN, GARY A ESQ 2057 DELTA WAY

TALLAHASSEE, FL 32303 US

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.

III the State of Flor

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete

Name: MITCHELL, LELA MCCARTY

Address: RT 1 BOX 445 City-St-Zip: THOMASVILLE, GA

City-St-Zip. THOWASVILLE, GA

Title: VP () Delete Name: DANIEL, JOHN W III

Address: RT 1 BOX 445 City-St-Zip: THOMASVILLE, GA

Title: S () Delete

Name: DURRANCE, PATRICIA B

Address: 3055 CONE RD

City-St-Zip: THOMASVILLE, GA 31757

Title: P (X) Change () Addition

Name: MITCHELL, LELA M

Address: 13039 EASON CROSSING ROAD

City-St-Zip: BOSTON, GA 31626

Title: VP (X) Change () Addition

 Name:
 DANIEL, JOHN N III

 Address:
 218 JUNIUS STREET

 City-St-Zip:
 THOMASVILLE, GA 31792

Title: S (X) Change () Addition

Name: YOUNG, EULINA A Address: 338 MARTIN ROAD City-St-Zip: BOSTON, GA 31626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN N. DANIEL, III VP 04/25/2006