


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90238 010 \*\*\*150.00

<b>DOCUMENT # P95000017813</b>		
1. Entity Name <b>MITCHELL &amp; GRAHAM, INC.</b>		

Principal Place of Business <b>6220 MANATEE AVE W #302 BRADENTON, FL 34209 US</b>	Mailing Address <b>6220 MANATEE AVE W #302 BRADENTON, FL 34209 US</b>
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**54030119**

2. Principal Place of Business <b>6302 Manatee Ave W</b>	3. Mailing Address <b>6302 Manatee Ave W</b>
Suite, Apt. #, etc. <b>J</b>	Suite, Apt. #, etc. <b>J</b>



04032004 Chg-P CR2E034 (10/03)

City & State <b>Bradenton, FL</b>	City & State <b>Bradenton, FL</b>
Zip <b>34209</b>	Country <b>USA</b>
Zip <b>34209</b>	Country <b>USA</b>

4. FEI Number <b>59-3314974</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GRAHAM, JAMES E 2148 SADLER ROAD AMELIA ISLAND, FL 32034</b>	
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7. Name and Address of New Registered Agent	
Name <b>Graham, James E</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1927 S. 14th St</b>	
City <b>Amelia Island</b>	FL Zip Code <b>32034</b>

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 \_\_\_\_\_

<b>FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GRAHAM, JAMES E 1927 S 14TH ST AMELIA ISLAND, FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MITCHELL, URBAN G 2840 W BAY DRIVE, #110 BELLEAIR BLUFFS, FL 34640</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GRAHAM, BARBARA D 1927 S 14TH ST AMELIA ISLAND, FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MITCHELL, JANET M 2840 W BAY DRIVE, #110 BELLEAIR BLUFFS, FL 34640</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**  **DATE** **4/7/04** **DAYTIME PHONE #** **941-761-8804**