

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90154 036 ***150.00

DOCUMENT # P95000017813

1. Entity Name
MITCHELL & GRAHAM, INC.



Principal Place of Business
**6302 MANATEE AVE W. J
BRADENTON, FL 34209 US**

Mailing Address
**6302 MANATEE AVE W. J
BRADENTON, FL 34209 US**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3314974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, JAMES E
1927 S. 14TH ST.
AMELIA ISLAND, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, JAMES E
STREET ADDRESS	1927 S 14TH ST
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	D
NAME	MITCHELL, URBAN G JR.
STREET ADDRESS	2840 W BAY DRIVE, #110
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 34640
TITLE	D
NAME	GRAHAM, BARBARA D
STREET ADDRESS	1927 S 14TH ST
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	D
NAME	MITCHELL, JANET M
STREET ADDRESS	2840 W BAY DRIVE, #110
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 34640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

Daytime Phone #