

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000058916

1. Entity Name
MITCHELL PROJECT MANAGEMENT, INC.



Principal Place of Business
305 BEAR RIDGE CIR.
SUITE 101
PALM HARBOR, FL 34683 US

Mailing Address
305 BEAR RIDGE CIR.
SUITE 101
PALM HARBOR, FL 34683 US

FILED
Apr 30, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3235190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, MICHAEL S
305 BEAR RIDGE CIR.
SUITE 101
PALM HARBOR, FL 34683

**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 MICHAEL S MITCHELL PRESIDENT 4/29/04
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MITCHELL, MICHAEL S. 125 ARBOR DR WEST PALM HARBOR, FL
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04/30/04-80127-016 150.00

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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: MICHAEL S MITCHELL 4/29/04 727-786-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #