


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90309 045 \*\*\*150.00

<b>DOCUMENT # P96000043528</b>					
<b>1. Entity Name</b> MITCHELL HAULING, INC.					
<b>Principal Place of Business</b> 108 GODFREY RD. EDGEWATER, FL 32141			<b>Mailing Address</b> 108 GODFREY RD. EDGEWATER, FL 32141		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  MITCHELL, JEROME D 125 N RIDGEWOOD AVE 2ND FL DAYTONA BEACH, FL 32114				<b>7. Name and Address of New Registered Agent</b> Name <b>CRAIG MITCHELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>108 GODFREY RD</b> City <b>EDGEWATER</b> <b>FL</b> Zip Code <b>32141</b>	
<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.</b>					
SIGNATURE <u><i>Craig Mitchell</i></u> <b>CRAIG MITCHELL</b> <b>PRESIDENT</b> <b>3/8/05</b> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> MITCHELL, CRAIG R	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> CRAIG MITCHELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2613 TRAVELER'S PALM DR	<b>CITY-ST-ZIP</b> EDGEWATER, FL 32141		<b>STREET ADDRESS</b> 108 GODFREY RD	<b>CITY-ST-ZIP</b> EDGEWATER, FL 32141	
<b>TITLE</b> VSD	<b>NAME</b> MITCHELL, WILMA S	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> WILMA MITCHELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2613 TRAVELER'S PALM DR	<b>CITY-ST-ZIP</b> EDGEWATER, FL 32141		<b>STREET ADDRESS</b> 108 GODFREY RD	<b>CITY-ST-ZIP</b> EDGEWATER FL 32141	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
SIGNATURE: <u><i>Craig Mitchell</i></u> <b>CRAIG MITCHELL</b> <b>3/8/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					