## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000043528  1. Entity Name MITCHELL HAULING, INC.							03-11-2005 90309 045 ***150.00				
Principal Place	e of Business	<del></del>	Mailing Address								
108 GODFRE			108 GODFREY RD.			Į					
EDGEWATER, FL. 32141			EDGEWATER, FL 32141								
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2. Principal Place of Business			3. Mailing Address								
			Suite, Apt. #, etc.				• •		· · · - · ·		
Suite, Apt. #, etc.			Suite, Apt. *, etc.				02222005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State				4. FEI Numbe			<del></del>	plied For
7:		Country	Zip	Coun	ntry		59-337			8.75 Add	t Applicable
- Zip -		Codility		- )	··· <i>y</i>		5. Certificate	of Status Desired		ee Require	
	6. Name	and Address of Current	Registered Agent		1		7. Name and	Address of New I	Registered A	gent	
		~ .			Name	eale	G MITCHELL				
MITCHELI		≈ D AVE.2ND FL					ess (P.O. Box Number is Not Acceptable)				
DAYTONA					- IC	) D G	ODFREY (	20	·		
					ļ					1	
							WATER		FL	Zip Code	141
		y submits this statement fo	r the purpose of changin	g its register	ed office or	register	ed agent, or bo	h, in the State of F	lorida. Lam la	miliar with,	and accept
the obliga	tions of regist	ered agent.	4 0 000		in La	, 1	Page	No.T.	2161		
SIGNATURE.	_[][	my mych		GM	ciene	- (	FRES	Deni	0 0	~3	
ļ <u>.</u>	Signature, typeo	or printed name of regulared agent	and-the if applicable	thore negisters	o Ageni signato	e :eque eu	entenciately				
FIL	E NOW!!!	FEE IS \$150:00-	9. Election Ca	mpaign Fina: Contribution.		\$5.	.00 May Be ed to Fees				
After M	ay 1, 200:	5 Fee will be \$550.0									
10.	PD	OFFICERS AND		11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR: Change	S IN 11 Addition
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STREET ADORESS	1	VELER'S PALM DR			EET ADDRESS	1,00					}
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NAME SIREET ADDRESS CITY-ST-ZIP  12.   hereby	certify that th	e information supplied with	this filing does not quali	CITY TITL NAM STRI CITY  fy for the exe	E  ME  LET ADDRESS (-ST-ZIP  Demption state	ed in Se	ction 119.07(3)(	i), Florida Statutes	. I further certi	fy that the in	nformation
NAME SIPEET ADDRESS CITY-ST-ZIP  12.   hereby indicated of the col	d on this repo rporation or th	rt or supplemental report is ne receiver or trustee empr	this filing does not qual true and accurate and to owered to execute this ro	CITY  TITL  NAM  STRI CITY  fy for the exe hat my signal port as requ	E  ME  ELET ADDRESS  (-ST-ZIP  Demption state atture shall ha	ave the s	same legal effec 7. Florida Statute	it as if made under is: and that my nar	oath; that I ar	fy that the in	nformation or director
NAME SIPEET ADDRESS CITY-ST-ZIP  12.   hereby indicated of the col	f on this report rporation or the lor on an atte	rt or supplemental report is ne receiver or trustee empr acturent with an address,	a this filing does not quality true and accurate and to swered to execute this re with all other like empow	ITIL NAM STRI CITY for the exe hat my signal port as roquered.	E  AE  LET ADDRESS  (-ST-ZIP  Demption state liture shall ha  ired by Chap	ave the s pter 607	same legal effec 7. Florida Statute	it as if made under is; and that my nar	oath; that I ar ne appears in	fy that the in	nformation or director