

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000043528

1. Entity Name
MITCHELL HAULING, INC.



Principal Place of Business

108 GODFREY RD.
EDGEWATER, FL 32141

Mailing Address

108 GODFREY RD.
EDGEWATER, FL 32141

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3379375

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

MITCHELL, CRAIF
108 GODFREY RD
EDGEWATER, FL 32141

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, CRAIG R
STREET ADDRESS 108 GODFREY RD
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE VSD
NAME MITCHELL, WILMA S
STREET ADDRESS 108 GODFREY RD
CITY-ST-ZIP EDGEWATER, FL 32141

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02/20/08-80029-025 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Wilma Mitchell* *Wilma Mitchell U. pres* *2/6/08* *386-427-7305*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #