

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000041409

1. Entity Name
MITTS & COMPANY, INC.



Principal Place of Business
5934 BENT PINE DRIVE
APT 339
ORLANDO, FL 32822

Mailing Address
P.O. BOX 487
NANUET, NY 10954

DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3549009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITTS, TIMOTHY J
5934 BENT PINE DRIVE
ORLANDO, FL 32822

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

000000082474
03/09/04-80031-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MITTS, TIMOTHY J
STREET ADDRESS	5934 BENT PINE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/1/04 Daytime Phone # _____