## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046390

Entity Name: MITCHELL PRODUCTIONS, INC.

FILED Jun 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17253 EAGLE BEND BLVD 95158 WILLET WAY

JACKSONVILLE, FL 32226 US FERNANDINA BEACH, FL 32034 US

Current Mailing Address: New Mailing Address:

17253 EAGLE BEND BLVD 95158 WILLET WAY

JACKSONVILLE, FL 32226 US FERNANDINA BEACH, FL 32034 US

FEI Number: 59-3376604 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARBESON, MITCHELL B HARBESON, PAMELA F 1832 TIERRA VERDE DR. 95158 WILLET WAY

ATLANTIC BEACH, FL 32233 US FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE: PAMELA F HARBESON 06/30/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition Name: HARBESON, MITCHELL B Name: HARBESON, MITCHELL B Address: 95158 WILLET WAY

City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Delete Title: DPST ( ) Change (X) Addition

 Name:
 Name:
 HARBESON, PAMELA F

 Address:
 95158 WILLET WAY

City-St-Zip: City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA F HARBESON DIR 06/30/2009