


**2004 FOR PROFIT CORPORATION
-ANNUAL REPORT**

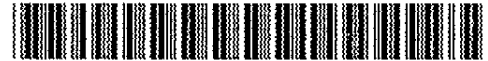
FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000006819
1. Entity Name
MITCHELL KING, INC.



Principal Place of Business 3541 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086	Mailing Address 3541 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3619183	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

ELEANOR, MITCHELL
3541 RED CLOUD TRAIL
SAINT AUGUSTINE, FL 32086

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

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

000000105237
04/07/04-80017-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, KATHLEEN M 11 SAN JOSE DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, ELEANOR 3541 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KING, GREGORY C 11 SAN JOSE DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GRANT, MITCHELL C 3541 RED CLOUD TRAIL SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Grant Mitchell, Pres. **GRANT MITCHELL** 4/6/04 904 2974646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #