2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000074426

1. Entity Name
MITCHELL ENTERPRISES K.W., INC.

Principal Place of Business	Mailing Address
21 BOCA CHICA RD. KEY WEST, FL 33040 US	21 BOCA CHICA RD. KEY WEST, FL 33040 US

04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0943935
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, STANLEY A
21 BOCA CHICA RD.
KEY WEST, FL 33040-6338

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8. The above na[illegible] 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

SIGNATURE _____ [illegible] 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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MITCHELL, STANLEY A
STREET ADDRESS	21 BOCA CHICA RD
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	V
NAME	MITCHELL, JUDITH A
STREET ADDRESS	21 BOCA CHICA RD
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

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04/27/06-80008-006 150.00

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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: Judith A Mitchell 4/10/06 305-296-7322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

or 305-509-1025