## 2004 FOR PROFIT CORPORATION

## Jan 26, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # S71786 01-26-2004 90052 028 \*\*\*150 00 1. Entity Name MITCHAM CORPORATION Principal Place of Business Mailing Address 125 NORTHEAST 8TH STREET 125 NORTHEAST 8TH STREET SUITE 7 SUITE 7 HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 01172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0303866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORHAM, SCOTT DO NOT WRITE MITCHAM CORPORATION 125 NE 8TH ST #7 IN THIS SPACE HOMESTEAD, FL 33030 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS GORHAM, ROBERT S NAN 🧨 STREET ADDRESS 15101 SW 74 AVE CITY-ST-ZIP MIAMI, FL 33158 TITLE GORHAM, ROBERT SCOTT NAME STREET ADDRESS 6955 S.W. 60TH TERRACE CITY-ST-ZIP MIAMI, FL TITLE GORHAM, ROBERT SCOTT NAME STREET ADDRESS 6955 S:W. 60TH TERRACE DO NOT WRITE CITY-ST-ZIP MIAMI, FL IN THIS SPACE TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

**FILED**