

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000029119

**Entity Name:** MITCHELL PROVISIONS, INC.

**Current Principal Place of Business:**

1065 SW 15TH AVENUE  
BUILDING C, SUITE 5  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1065 SW 15TH AVENUE  
BUILDING C, SUITE 5  
DELRAY BEACH, FL 33444 US

**FEI Number:** 20-8725607

**Certificate of Status Desired:** No

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

MITCHELL, THOMAS  
1065 SW 15TH AVENUE  
BUILDING C, SUITE 5  
DELRAY BEACH, FL 33444 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            MITCHELL, THOMAS  
Address        1065 SW 15TH AVENUE  
                  BUILDING C, SUITE 5  
City-State-Zip: DELRAY BEACH FL 33444

Title            DIR  
Name            MITCHELL, SUSAN  
Address        1065 SW 15TH AVENUE  
                  BUILDING C, SUITE 5  
City-State-Zip: DELRAY BEACH FL 33444

Title            DIRECTOR  
Name            MITCHELL, NICHOLAS  
Address        4799 N CLASSICAL BLVD  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS MITCHELL

DIR

01/14/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date