

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000082805

**Entity Name:** ANGELA MITCHELL PA

**Current Principal Place of Business:**

10439 SW AQUILA WAY  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

P O BOX 500131  
MARATHON, FL 33050 US

**FEI Number:** 46-3827341

**Certificate of Status Desired:** No

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

MITCHELL, ANGELA  
10649 SW AQUILA WAY  
PORT ST LUCIE, FL 34987 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 P, DIRECTOR  
Name MITCHELL, ANGELA  
Address P O BOX 500131  
City-State-Zip: MARATHON FL 33050

*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:** ANGELA MITCHELL

**PRESIDENT**

**02/25/2023**

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

\_\_\_\_\_  
Date