


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000015630
 1. Entity Name
JOHN C. MULLIN, JR., P.A.



Principal Place of Business 169 E. FLAGLER STREET STE. 1523 MIAMI, FL 33131	Mailing Address 169 E. FLAGLER STREET STE. 1523 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



05312007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0814519	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

**MULLIN, JOHN C JR
 169 E. FLAGLER STREET
 STE. 1523
 MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLIN, JOHN C JR. 10281 E. BAY HARBOUR DR., 4A BAY HARBOR, FL 33154
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 08/07/07-80002-006 150.00

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 an officer's empowered.

SIGNATURE:  **John C. Mullin, Jr, President** **8/3/07** **372-2727**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #