

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90005 016 ***150.00



DOCUMENT # H92971
 1. Entity Name
SHARON MULVIE E.A., INC.

Principal Place of Business Mailing Address
~~7360 W. COPENHAGEN ST.~~ ~~7360 W. COPENHAGEN ST.~~
~~DUNNELLON FL 34433~~ ~~DUNNELLON FL 34433~~
 US US

2. Principal Place of Business 3. Mailing Address
2131 N.W. 16 ST. **2131 N.W. 16 ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CRYSTAL RIVER, FL **CRYSTAL RIVER, FL**
 Zip Country Zip Country
34428 **CITRUS** **34428** **CITRUS**

01000000

 MOORE CR2E034 (11/03)

4. FEI Number **59-2618348** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MULVIE, SHARON
~~7360 W. COPENHAGEN ST.~~
~~DUNNELLON FL 34433~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2131 N.W. 16 ST.
 City **CRYSTAL RIVER** **FL** Zip Code **34428**

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 Sharon Mulvie DATE 1/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MULVIE, SHARON	
STREET ADDRESS	7360 W. COPENHAGEN ST.	
CITY-ST-ZIP	DUNELLON FL 34433	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULVIE, DAVID	
STREET ADDRESS	7360 W. COPENHAGEN ST.	
CITY-ST-ZIP	DUNELLON FL 34433	
TITLE	T	<input type="checkbox"/> Delete
NAME	HASTINGS, MELINDA MULVIE	
STREET ADDRESS	7360 W. COPENHAGEN ST.	
CITY-ST-ZIP	DUNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2131 N.W. 16 ST.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2131 N.W. 16 ST.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2131 N.W. 16 ST.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: Sharon Mulvie Date 1/22/04 Daytime Phone # (352) 795-7908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR