


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90308 042 ***150.00

DOCUMENT # 150282					
1. Entity Name MULLINS, INC.					
Principal Place of Business 3302 ENTERPRISE RD. FORT PIERCE, FL 34982-6553			Mailing Address 3302 ENTERPRISE RD. FORT PIERCE, FL 34982-6553		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0564378	
				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			7. Name and Address of New Registered Agent		
MULLINS, DONALD E PRES 3302 ENTERPRISE ROAD FORT PIERCE, FL 34982			Name Edith S. Mullins		
			Street Address (P.O. Box Number is Not Acceptable)		
			3302 Enterprise Road		
			City FL. Pierce	State FL	Zip Code 34982
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 Edith S. Mullins		Edith Mullins		4-19-05	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULLINS, E S	NAME	E.S. Mullins		
STREET ADDRESS	3302 ENTERPRISE ROAD	STREET ADDRESS	3302 Enterprise Rd.		
CITY-ST-ZIP	FT PIERCE, FL 34982	CITY-ST-ZIP	FL. PIERCE, FL. 34982		
TITLE	ST <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEFFRIES, CORLISS M	NAME	Corliss M. Jeffries		
STREET ADDRESS	3302 ENTERPRISE ROAD	STREET ADDRESS	3302 Enterprise Rd.		
CITY-ST-ZIP	FT. PIERCE, FL 34982	CITY-ST-ZIP	FL. PIERCE, FL. 34982		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MULLINS, DONALD E	NAME	Sharman Mullins		
STREET ADDRESS	3302 ENTERPRISE ROAD	STREET ADDRESS	3302 Enterprise Rd.		
CITY-ST-ZIP	FT PIERCE, FL 34982	CITY-ST-ZIP	Ft. Pierce, FL. 34982		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: Sharman Mullins		Sharman Mullins		4-19-05 800-894-6147	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	