

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256542

FILED
Jan 24, 2009
Secretary of State

Entity Name: D. GUY MCMULLEN PROPERTIES, INC.

Current Principal Place of Business:

10207 FALCON TERRACE
SEMINOLE, FL 33778 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 91
CLEARWATER, FL 33757 US

New Mailing Address:

FEI Number: 59-1003025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, SARAH M PRESIDE
10207 FALCON TERRACE
SEMINOLE, FL 33778 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MCMULLEN, D GUY,
Address: 1990 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33759

Title: V () Delete
Name: WEIKEL, LAURA L
Address: 10209 FALCON TERRACE
City-St-Zip: SEMINOLE, FL 33778

Title: DP () Delete
Name: DAVIDSON, SARAH M.,
Address: 10207 FALCON TERRACE
City-St-Zip: SEMINOLE, FL 33778

Title: D () Delete
Name: MCMULLEN, PAUL M SR
Address: 2097 OAKADIA DRIVE SOUTH
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SARAH M DAVIDSON

DP

01/24/2009

Electronic Signature of Signing Officer or Director

Date