2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 459774

1. Entity Name
JAMES H. MULLINS, D.M.D., P.A.

Principal Place of Business	Mailing Address
1010 W. 11TH ST. PANAMA CITY, FL 32401	1010 W. 11TH ST. PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1554881	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, FRANKLIN R.
406 MAGNOLIA AVE
PANAMA CITY, FL 32401

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   2-21-05   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULLINS, JAMES H.
STREET ADDRESS	1010 W. 11TH STREET
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	ST
NAME	KENNON, J. BRANCH
STREET ADDRESS	1012 W. 11TH STREET
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   2-21-05   850 763-3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #