


2006 FOR PROFIT CORPORATION . ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 459774 1. Entity Name JAMES H. MULLINS, D.M.D., P.A. |  |
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| Principal Place of Business 1010 W. 11TH ST. PANAMA CITY, FL 32401 | Mailing Address 1010 W. 11TH ST. PANAMA CITY, FL 32401 |
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1554881 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MULLINS, JAMES H. 1010 W. 11TH STREET PANAMA CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KENNON, J. BRANCH 1012 W. 11TH STREET PANAMA CITY, FL |
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| <p>U000000399265 02/01/06-80003-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #