

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT # 459774

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



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

Mailing Address
**1010 W. 11TH ST.
PANAMA CITY, FL 32401**



08232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1554881

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 14, 2007**

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	

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08/30/07-80003-025 550.00

**DO NOT WRITE
IN THIS SPACE**

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

8-29-07

Date

850-763-4622

Daytime Phone #