**FILED**
**Apr 06, 2005 08:00 AM**
**Secretary of State**

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 499657

1. Entity Name
THE MULLIN CORPORATION CONSULTANTS & INSURANCE RISK MANAGERS

| Principal Place of Business | Mailing Address |
|---|---|
| 761 WEST GRANADA BLVD<br>ORMOND BEACH, FL 32174 US | 761 WEST GRANADA BLVD<br>ORMOND BEACH, FL 32174 US |

DO NOT WRITE IN THIS SPACE

04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1743550

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIN, MICHAEL S ESQ
237 MARSH LAKE DRIVE
FERNANDINA BCH, FL 32034

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

**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

000000290529
04/06/05-80063-025 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VPSD |
| NAME | MULLIN, MICHAEL |
| STREET ADDRESS | 237 MARSH LAKE DRIVE |
| CITY ST ZIP | FERNANDINA BEACH, FL 32034 |
| TITLE | PTD |
| NAME | MULLIN, MARK S. |
| STREET ADDRESS | 6058 HIGHWAY 11 |
| CITY ST ZIP | DELEON SPRINGS, 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: _____ 4/01/05 386-673-3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #