

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 499657

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



FILED

2007 OCT 29 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
761 WEST GRANADA BLVD
ORMOND BEACH, FL 32174 US

Mailing Address
761 WEST GRANADA BLVD
ORMOND BEACH, FL 32174 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

10252007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name
Mullin, Mark S.
Street Address (P.O. Box Number is Not Acceptable)
713 Marina Point Drive
City
Daytona Beach FL Zip Code
32114

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 *Mark S. Mullin* Mark S. Mullin 10/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MULLIN, MICHAEL
237 MARSH LAKE DRIVE
FERNANDINA BEACH, FL 32034 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Donna Kay Heptner
1309 Bantry Circle Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MULLIN, MARK S.
6058 HIGHWAY 11
DELEON SPRINGS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300112031373
11/06/07--01016--015 **\$1.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Mark S. Mullin* 10/24/07 386-673-3633
Signature and typed or printed name of signing officer or director Date Daytime Phone #

10/31/07