

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90028 014 ***150.00

DOCUMENT # 644686
 1. Entity Name
MULDER ENTERPRISES, INC.



Principal Place of Business: **4707 CHEROKEE RD TAMPA FL 33629**
 Mailing Address: **P O BOX 320935 TAMPA FL 33679 US**

54020437



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **NO-T APPLICABLE**
 Applied For / Not Applicable

Zip / Country

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

6. Name and Address of Current Registered Agent
**MULDER, SANDRA
 4707 CHEROKEE RD
 TAMPA FL 33629**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PENNI	
STREET ADDRESS	PO BOX 3753	
CITY-ST-ZIP	KODIAK AK 99615	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MULDER, SANDRA	
STREET ADDRESS	4707 CHEROKEE RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MULDER, KENNETH JR.	
STREET ADDRESS	4118 CORONA	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MULDER, DAVID G.	
STREET ADDRESS	PO BOX 635	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HICKMAN, RICHARD	
STREET ADDRESS	PO BOX 18686	
CITY-ST-ZIP	TAMPA FL 33679	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALGOOD, JULIE	
STREET ADDRESS	3303 SHAMROCK RD.	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE	SEC-TREAS, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNI HEES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3321 W. DELEON, APT. 25	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sandra Mulder* **SANDRA MULDER** 3-18-04 813-837-6325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #