

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F26436

FILED
Apr 23, 2007
Secretary of State

Entity Name: MCMULLEN OIL COMPANY, INC.

Current Principal Place of Business:

% PAUL M. MCMULLEN
11965 49TH ST. N.
CLEARWATER, FL 34622

New Principal Place of Business:

Current Mailing Address:

%PAUL M. MCMULLEN
P. O. BOX 17357
CLEARWATER, FL 346220357 US

New Mailing Address:

FEI Number: 59-2952154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMULLEN, PAUL M.
11965 49TH ST. NORTH
CLEARWATER, FL 346224305 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: MCMULLEN, PAUL M.,
Address: 11965 49TH ST. NORTH
City-St-Zip: CLEARWATER, FL

Title: ST () Delete
Name: MCMULLEN, JANET E.,
Address: 11965 49TH ST. NORTH
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: MCMULLEN, BRETT
Address: 11965 49TH ST. NO.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: MCMULLEN, KAREN
Address: 11965 49TH ST. NORTH
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: MCMULLEN, TANYA
Address: 11965 49TH ST NO
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: MCMULLEN, PAUL M JR.
Address: 11965 49TH ST. NORTH
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MCMULLEN

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04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date