

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 15, 2005 08:00 AM
Secretary of State

DOCUMENT # G46103

Entity Name
ACTION INVESTIGATIONS BY MULLER, INC.



Principal Place of Business
1546 THE 12TH FAIRWAY
WEST PALM BEACH, FL 33414 US

Mailing Address
PO BOX 2028
WEST PALM BEACH, FL 33402 US



06012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2295077
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLER, JAMES E
1546 THE 12TH FAIRWAY
WEST PALM BEACH, FL 33414

**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 \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
MULLER, JAMES E
1546 THE 12TH FAIRWAY
WEST PALM BEACH, FL 33414

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U00000369571
06/15/05-80001-007 150.00

U00000369571
06/15/05-80001-008 8.75

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/05 (561) 793-8379
Date Daytime Phone #