

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G46103

1. 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**

FILED
Sep 09, 2008 08:00 AM
Secretary of State



09052008 No Chg-P CR2E034 (11/05)

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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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U00000959254
09/09/08-80003-011 150.00

U00000959254
09/09/08-80003-012 8.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/08

Date

(561)793-8379

Daytime Phone #