


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G62648</b>		
1. Entity Name <b>MUELLER INSURANCE PLANNERS, INC.</b>		
Principal Place of Business <b>3224 NW 118 LANE CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3224 N.W. 118TH LANE P. O. BOX 9364 CORAL SPRINGS, FL 33065</b>	



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2342717</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MUELLER, RICHARD G.  
3224 N.W. 118TH LANE  
CORAL SPRINGS, FL 33065**

**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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000875522  
04/10/08-80082-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUELLER, RICHARD G. 3224 NW 118TH LANE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MUELLER, DONA D 3224 NW 118TH LANE CORAL SPRINGS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

3/26/08  
Date

954753-1473  
Daytime Phone #