


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H25070
 1. Entity Name
 MULLINS ENTERPRISES OF FORT PIERCE, INC.



Principal Place of Business Mailing Address
 3302 ENTERPRISES ROAD 3302 ENTERPRISES ROAD
 FT. PIERCE, FL 34982-6553 US FT. PIERCE, FL 34982-6553 US



03092006 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-2447820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MULLINS, EDITH S
 3302 ENTERPRISE ROAD
 FT. PIERCE, FL 34982-6553

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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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFRIES, CARLISS M 3302 ENTERPRISE ROAD FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLINS, EDITH S 3302 ENTERPRISE ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MULLINS, SHARMAN 3302 ENTERPRISE RD FORT PIERCE, FL 34982
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 03/30/06-80004-025 150.00

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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: Edith Mullins 3-15-06 772-461-2967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #