

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25070

FILED
Apr 18, 2008
Secretary of State

Entity Name: MULLINS ENTERPRISES OF FORT PIERCE, INC.

Current Principal Place of Business:

3302 ENTERPRISES ROAD
FT. PIERCE, FL 349826553 US

New Principal Place of Business:

3302 ENTERPRISE ROAD
FT. PIERCE, FL 349826553 US

Current Mailing Address:

3302 ENTERPRISES ROAD
FT. PIERCE, FL 349826553 US

New Mailing Address:

3302 ENTERPRISE ROAD
FT. PIERCE, FL 349826553 US

FEI Number: 59-2447820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINS, EDITH S
3302 ENTERPRISE ROAD
FT. PIERCE, FL 349826553 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: VP () Delete
Name: JEFFRIES, CARLISS M
Address: 3302 ENTERPRISE ROAD
City-St-Zip: FT. PIERCE, FL

Title: P () Delete
Name: MULLINS, EDITH S
Address: 3302 ENTERPRISE ROAD
City-St-Zip: FORT PIERCE, FL

Title: ST () Delete
Name: MULLINS, SHARMAN
Address: 3302 ENTERPRISE RD
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JEFFRIES, CORLISS M
Address: 3302 ENTERPRISE ROAD
City-St-Zip: FT. PIERCE, FL

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 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: EDITH S. MULLINS

DIR

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date