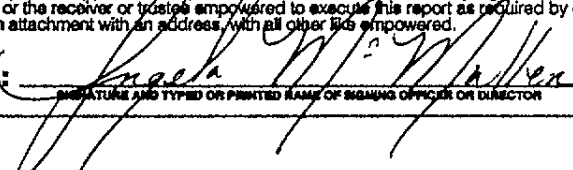


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # H52971 1. Entity Name MCMULLENS OF FLORIDA, INC.				
Principal Place of Business 516 CYPRESS AVENUE P O BOX 1983 VENICE, FL 34292		Mailing Address 516 CYPRESS AVENUE P O BOX 1983 VENICE, FL 34292		
DO NOT WRITE IN THIS SPACE				
				 04282005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2540847		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MC MULLEN, NORMA V 516 CYPRESS AVE VENICE, FL 34292		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMULLEN, ANGELA M 401 GRANADA AVE VENICE, FL 34285			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 filers empowered.				
SIGNATURE: 		Date 4-28-05 Daytime Phone # 941-484-6911		