2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 04, 2007 08:00 All Secretary of State DOCUMENT # H82414 1. Entity Name MULLIS & SCHEEL INVESTMENTS, INC. Principal Place of Business Mailing Address 16130 NW US HWY 441, UNIT 60 PO BOX 459 ALACHUA, FL 32616 HIGH SPRINGS, FL 32655 CR2E034 (11/05) 03262007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2595212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FISHMAN, ALAN 705 NW 6TH AVE. HIGH SPRINGS, FL 32643 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U000000689301 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees <u>/11/07-80029-019 150.00</u> 10. OFFICERS AND DIRECTORS TITLE **PST** NAME FISHMAN, ALAN STREET ADDRESS PO BOX 459 HIGH SPRINGS, FL 32655 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 tike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CHY-ST-ZP

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