

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90005 016 ***150.00

DOCUMENT # H92971

1. Entity Name

SHARON MULVIE E.A., INC.



Principal Place of Business

7360 W. COPENHAGEN ST.
DUNNELLON FL 34433
US

Mailing Address

7360 W. COPENHAGEN ST.
DUNNELLON FL 34433
US

2. Principal Place of Business

2131 N.W. 16 ST.
Suite, Apt. #, etc.

3. Mailing Address

2131 N.W. 16 ST.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

CRYSTAL RIVER, FL
Zip 34428 Country CITRUS

City & State

CRYSTAL RIVER, FL
Zip 34428 Country CITRUS

4. FEI Number

59-2618348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULVIE, SHARON
7360 W. COPENHAGEN ST.
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2131 N.W. 16 ST.

City CRYSTAL RIVER

FL

Zip Code 34428

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

Sharon Mulvie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MULVIE, SHARON ☐ Delete
STREET ADDRESS 7360 W. COPENHAGEN ST.
CITY-ST-ZIP DUNNELLON FL 34433

TITLE S
NAME MULVIE, DAVID ☐ Delete
STREET ADDRESS 7360 W. COPENHAGEN ST.
CITY-ST-ZIP DUNNELLON FL 34433

TITLE T
NAME HASTINGS, MELINDA MULVIE ☐ Delete
STREET ADDRESS 7360 W. COPENHAGEN ST.
CITY-ST-ZIP DUNNELLON FL 34433

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2131 N.W. 16 ST.
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

Sharon Mulvie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

Date

(352) 795-7908

Daytime Phone #