


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J05915

1. Entity Name
ALBIN CORP.



<i>Principal Place of Business</i>	<i>Mailing Address</i>
1044 CASTELLO DR STE 106 NAPLES, FL 34103 US	1044 CASTELLO DR STE 106 NAPLES, FL 34103 US

DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2682649	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ASHLEY, RE X
1044 CASTELLO DR
STE 106
NAPLES, FL 34103

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DPS MULLING, DONNA PO BOX 67 TURTLETOWN, TN 37391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MULLING, KENNETH C. PO BOX 67 TURTLETOWN, TN 37391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOLDEN, ED L. 609 CEDAR CREEK GRADE #A WINCHESTER, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOLDEN, CHRISTOPHER A. 609 CEDAR CREEK GRADE #A WINCHESTER, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOLDEN, MIMI M 609 CEDAR CREEK GRADE #A WINCHESTER, VA 22601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000125531
 04/22/04-80089-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donna M Mulling, President* 4-15-04 923 496-9690

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #