

FILED
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Secretary of State

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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L67857

1. Entity Name

MULLER ENTERPRISES, INC.



60023264

Principal Place of Business

C/O CAROL ANN MULLER
1790 40TH TERR. SW
NAPLES, FL 34116 US

Mailing Address

C/O CAROL ANN MULLER
1790 40TH TERR. SW 1128 12th Ave N
NAPLES, FL 34116 US
34102



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0199697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLER, CAROL ANN
1790 40TH TERR. SW 1128 12th Ave N
NAPLES, FL 34116
34102

**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

CAROL ANN MULLER

Carol Ann Muller

3/23/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLER, HANS W.
STREET ADDRESS	1790 40TH TERR. SW
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	MULLER, CAROL ANN
STREET ADDRESS	1790 40TH TERR. SW
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

Carol Ann Muller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL ANN MULLER 239-262-4193

Date

Daytime Phone #