

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90017 045 ***150.00

DOCUMENT # L82119

1. Entity Name

MULLINS REFRIGERATION AND A/C, INC.



Principal Place of Business

6896 W. GROVER CLEVELAND
HOMOSASSA SPGS. FL 34446
US

Mailing Address

6896 W. GROVER CLEVELAND BLVD.
HOMOSASSA FL 34446
US

2. Principal Place of Business

6896 W. Grover Cleveland
Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL.

City & State

Zip

34446

Country

Citrus

Zip

Country

4. FEI Number

59-3017102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, MARLENE M.
10331 WEST TWIN RIVER LN.
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 DTS ☐ Delete
NAME MULLINS, MARLENE M.
STREET ADDRESS 10331 WEST TWIN RIVERS
CITY-ST-ZIP HOMOSASSA FL

TITLE DP ☐ Delete
NAME MULLINS, ERNIE LEE
STREET ADDRESS 10331 WEST TWIN RIVERS
CITY-ST-ZIP HOMOSASSA FL

TITLE DVP ☒ Delete
NAME COLLINS, RONALD R.
STREET ADDRESS 335 I THREE LAKES DR
CITY-ST-ZIP VENICE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Marlene M. Mullins *Marlene M. Mullins* 4/14/04 352-628-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #