

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82119

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** MULLINS REFRIGERATION AND A/C, INC.

**Current Principal Place of Business:**

6896 W GROVER CLEVELAND BLVD.  
HOMOSASSA SPGS., FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

6896 W. GROVER CLEVELAND BLVD.  
HOMOSASSA, FL 34446 US

**New Mailing Address:**

**FEI Number:** 59-3017102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MULLINS, MARLENE M.  
25 POPPY CT  
HOMOSASSA, FL 34446 US

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.

**SIGNATURE:** MARLENE M. MULLINS

04/13/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DTS ( ) Delete  
**Name:** MULLINS, MARLENE M.,  
**Address:** 25 POPPY CT  
**City-St-Zip:** HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARLENE M. MULLINS

DTS

04/13/2006

Electronic Signature of Signing Officer or Director

Date