

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92401

FILED
Apr 18, 2007
Secretary of State

Entity Name: MCMULLEN TRANSPORT & DELIVERY, INC.

Current Principal Place of Business:

11965 49TH STREET N
CLEARWATER, FL 34622

New Principal Place of Business:

Current Mailing Address:

MCMULLEN TRANSPORT & DELIVERY, INC.
P.O. BOX 17357
CLEARWATER, FL 346220357 US

New Mailing Address:

FEI Number: 59-3074865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMULLEN, PAUL
11965 49TH STREET NORTH
CLEARWATER, FL 34622 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCMULLEN, PAUL,
Address: 11965 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: MCMULLEN, BRETT M
Address: 11965 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: MCMULLEN, PAUL M JR
Address: 11965 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCMULLEN, PAUL,
Address: 11965 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

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

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: PAUL M. MCMULLEN

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date