

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 25 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M29685

1. Entity Name
THE MULLINS COLLINS NO. 155 CORPORATION



Principal Place of Business

% BRADLEY C. MULLINS
6800 SUNSHINE SKYWAY LANE
ST PETERSBURG, FL 33711 US

Mailing Address

% BRADLEY C. MULLINS
6800 SUNSHINE SKYWAY LANE
ST PETERSBURG, FL 33711 US



05192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number -
59-2661722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, BRADLEY C.
6800 SUNSHINE SKYWAY LANE
ST PETERSBURG, FL 33711

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
DP
MULLINS, JEROME J.
401 N CARROLL ST.
MADISON WI,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MULLINS, CAROL
401 N CARROLL ST.
MADISON WI,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400037337284
05/26/04--01047--002 **550.00

**DO NOT WRITE
IN THIS SPACE**

12m

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol M. Mullins 5/19/04 608-257-0681

Date

Daytime Phone #