

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 25 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M29686

1. Entity Name
THE MULLINS COLLINS NO. 200 CORPORATION



Principal Place of Business
% BRADLEY C. MULLINS
6800 34TH STREET SO.
ST PETERSBURG, FL 33711

Mailing Address
% BRADLEY C. MULLINS
6800 34TH STREET SO.
ST PETERSBURG, FL 33711



03132003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2661366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	D
NAME	MULLINS, JEROME J.
STREET ADDRESS	401 N CARROLL ST.
CITY-ST-ZIP	MADISON WI,
TITLE	DP
NAME	MULLINS, CAROL
STREET ADDRESS	401 N CARROLL ST.
CITY-ST-ZIP	MADISON WI,
TITLE	VP
NAME	MULLINS, JEROME J
STREET ADDRESS	401 N CARROLL ST
CITY-ST-ZIP	MADISON, WI 53703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700037337417
05/26/04--01047--006 **550.00

DO NOT WRITE IN THIS SPACE

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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:

Carol M. Mullins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #