



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M29686</b> 1. Entity Name <b>THE MULLINS COLLINS NO. 200 CORPORATION</b>	
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Principal Place of Business <b>% BRADLEY C. MULLINS 6800 34TH STREET SO. ST PETERSBURG, FL 33711</b>	Mailing Address <b>% BRADLEY C. MULLINS 6800 34TH STREET SO. ST PETERSBURG, FL 33711</b>
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**DO NOT WRITE IN THIS SPACE**



05222006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2661366</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000569221 07/11/06-80017-002 550.00</b>
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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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **Carol M. Mullins** 7/6/06 **608-257-0681**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #