

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

9/9/2008-90002-012-\$550.00-\$550.00

**FILED**

08 SEP 22 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000064581**

1. Entity Name  
ATTORNEY GEORGE MULLER, P.A.



Principal Place of Business  
2502 ACORN ST  
FT. PIERCE, FL 34947

Mailing Address  
P.O. BOX 3309  
FT. PIERCE, FL 34948



09042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1022391

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MULLER, GEORGE  
2502 ACORN ST  
FT. PIERCE, FL 34947

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	MULLER, GEORGE
STREET ADDRESS	2502 ACORN ST
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	CM
NAME	MULLER, GEORGE
STREET ADDRESS	2502 ACORN ST
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: George H Muller 9/9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTORNEY GEORGE MULLER, P.A.  
P.O. Box 3309  
2502 Acorn St.  
Ft. Pierce, FL 34948-3309