2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000100566

1. Entity Name
MC MULLEN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
250 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432	250 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

02082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1051351
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCMULLEN, DAN
250 SOUTH DIXIE HIGHWAY
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	MCMULLEN, DAN
STREET ADDRESS	250 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V P
NAME	MCMULLEN, CYNTHIA
STREET ADDRESS	250 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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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: Dan McMullen Pres & McMullen Insurance, Inc 2/8/06 561-362-7679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DMcMullen