

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000017225

1. Entity Name

ROY W. MULLINS ENTERPRISES INC.



Principal Place of Business

15920 MULLINS BLVD
DONA VISTA, FL 32784

Mailing Address

15920 MULLINS BLVD
DONA VISTA, FL 32784



03132006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3710819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, ROY W
15920 MULLINS BLVD
DONA VISTA, FL 32784

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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 \$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 PD
NAME MULLINS, ROY W
STREET ADDRESS 15920 MULLINS BLVD
CITY-ST-ZIP DONA VISTA, FL 32784

TITLE VD
NAME MULLINS, BARBARA A
STREET ADDRESS 15920 MULLINS BLVD
CITY-ST-ZIP DONA VISTA, FL 32784

TITLE OD
NAME MULLINS, WAYNE
STREET ADDRESS 15920 MULLINS BLVD
CITY-ST-ZIP DONA VISTA, FL 32784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000484751
04/12/06-80058-003 150.00

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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: Barbara A. Mullins Barbara A. Mullins 3/27/06 352-357-6073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #