

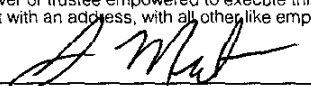


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90013 048 \*\*\*150.00

<b>DOCUMENT # P01000068544</b> 1. Entity Name <b>MULLET'S TIE BEAMS, INC.</b>			
Principal Place of Business <b>6834 JARVIS RD SARASOTA FL 34241</b>		Mailing Address <b>6834 JARVIS RD SARASOTA FL 34241</b>	
2. Principal Place of Business <b>2490 S. Scarlet Oak Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2490 S. Scarlet Oak Ct.</b> Suite, Apt. #, etc.	
City & State <b>Sarasota, FL</b> Zip <b>34232</b> Country <b>USA</b>		City & State <b>Sarasota, FL</b> Zip <b>34232</b> Country <b>USA</b>	
4. FEI Number <b>65-1121968</b>		Applied For <input type="checkbox"/> 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  <b>MULLET, SCOTT 6734 JARVIS RD. SARASOTA FL 34241</b>		7. Name and Address of New Registered Agent Name <b>Scott Mullet</b> Street Address (P.O. Box Number is Not Acceptable) <b>2490 S. Scarlet Oak Ct.</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34232</b>	
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  <b>Scott Mullet, President</b> <b>2-24-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MULLET, SCOTT</b> <b>6834 JARVIS RD.</b> <b>SARASOTA FL 34241</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Mullet, Scott</b> <b>2490 S. Scarlet Oak Ct.</b> <b>Sarasota, FL 34232</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MULLET, HOLLY</b> <b>6834 JARVIS RD.</b> <b>SARASOTA FL 34241</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Mullet, Holly</b> <b>2490 S. Scarlet Oak Ct</b> <b>Sarasota, FL 34232</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>  <b>Scott Mullet, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/24/04</b> <b>(941) 586-5079</b> <small>Date Daytime Phone #</small>	