

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90205 040 ***150.00

DOCUMENT # P02000033800

1. Entity Name
MULLEN GLOBAL SERVICES, INC.



Principal Place of Business,

7840 PRIMULA LANE
NEW PORT RICHEY, FL 34654

Mailing Address

5401 CENTERL AVE
SAINT PETERSBURG, FL 33710

9108 CALLAWAY DRIVE
NEW PORT RICHEY FL 34655

24068760



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0577943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCAREE, CAROL
5401 CENTRAL AVE
ST PETERSBURG, FL 33710

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MULLEN, MARC
STREET ADDRESS	7840 PRIMULA LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	DV
NAME	MULLEN, JEANETTE
STREET ADDRESS	7840 PRIMULA LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D.P
NAME	MULLEN MARC
STREET ADDRESS	9108 CALLAWAY DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D.V
NAME	MULLEN JEANETTE
STREET ADDRESS	9108 CALLAWAY DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: *M. C. Mullen* **MARC C MULLEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04

Date

727 494 1060

Daytime Phone #