

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000048806

1. Entity Name
MULLEN FURNISHINGS, INC.



Principal Place of Business
**2220 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695**

Mailing Address
**2220 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0593361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLEN, LUCIA H
2220 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695**

**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 \$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
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MULLEN, LUCIA H
2220 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MULLEN, STUART J
2220 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000526222
05/04/06-80065-012 150.00

**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 another line empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 **727 772 1001**
Day Daytime Phone