2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004
Secretary of State

DOCUMENT# P02000067958

Entity Name: MULLET INN, INC.

Current Principal Place of Business:

601 TWIGGS STREET
SUITE 200
TAMPA, FL 33602

New Principal Place of Business:

400 NORTH TAMPA STREET
SUITE 2100
TAMPA, FL 33602

Current Mailing Address:

601 TWIGGS STREET
SUITE 200
TAMPA, FL 33602

New Mailing Address:

400 NORTH TAMPA STREET
SUITE 2100
TAMPA, FL 33602

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINSKY, MICHAEL A
601 EAST TWIGGS STREET
SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

LINSKY, MICHAEL A
400 NORTH TAMPA STREET
SUITE 2100
TAMPA, FL 33602 US

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.

SIGNATURE: MICHAEL A. LINSKY 09/09/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALVAREZ, NARCISO
Address: 13432 STARFISH DR
City-St-Zip: HUDSON, FL 34667

Title: VPD ( ) Delete
Name: WRIGHT, JUDY ANN
Address: 13432 STARFISH DR
City-St-Zip: HUDSON, FL 34667

Title: STD (X) Delete
Name: LINSKY, MICHAEL A
Address: 601 TWIGGS STREET #200
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: WRIGHT, JUDY ANN
Address: 13432 STARFISH DR
City-St-Zip: HUDSON, FL 34667

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NARCISO ALVAREZ P 09/09/2004
Electronic Signature of Signing Officer or Director Date