

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000137244	
1. Entity Name RANDALL MULLINS CONSTRUCTION, INC.	

Principal Place of Business 9351 DELRAY DRIVE NEWPORT RICHEY, FL 34654	Mailing Address 9351 DELRAY DRIVE NEWPORT RICHEY, FL 34654
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01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0421460	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MULLINS, RANDALL 9351 DELRAY DRIVE NEWPORT RICHEY, FL 34654

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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 _____ (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**

1000001450411
03/10/06-80005-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MULLINS, RANDALL L 9351 DELRAY DRIVE NEWPORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLINS, RYAN E 9351 DELRAY DRIVE NEWPORT RICHEY, FL 34654
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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: Randall Mullins **RANDALL MULLINS** 1-23-06 727-848-8112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oayame Phone #