2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2007 08:00 AM DOCUMENT # P03000137244 **Secretary of State** 1. Entity Name RANDALL MULLINS CONSTRUCTION, INC. Principal Place of Business Mailing Address 9351 DELRAY DRIVE NEWPORT RICHEY FL 34654 9351 DELRAY DRIVE NEWPORT RICHEY FL 34654 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 20-0421460 Not Applicable ZipZip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MULLINS, RANDALL Street Address (P.O. Box Number is Not Acceptable) 9351 DELRAY DRIVE **NEW PORT RICHEY FL 34654** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change MULLINS, RANDALL L NAME U00000653076 03/13/07-80006-004 150.00 NAME 9351 DELRAY DRIVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34654 CITY-ST-ZIP CITY-ST-ZIP Delete DITE ☐ Change ☐ Addition MULLINS, RYAN E NAME NAME 9351 DELRAY DRIVE STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34654** CHY-SI-ZIP CITY-ST-ZIP DHE ☐ Delete 11111 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZiP ☐ Defete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY-ST-ZIP

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12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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 artiachment with an address, with all other like empowered.

SIGNATURE: **AUTOR 1.5 **AUTOR 2.5 **AUTOR