## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000141530

1. Entity Name

MULL CONSTRUCTION CORPORATION



Principal Place of Business

25380 HECKMAN DRIVE BROOKSVILLE, FL 34601 Mailing Address

25380 HECKMAN DRIVE BROOKSVILLE, FL 34601 FILED Jul 31, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07262006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For 20-0430154

 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERRA, MARK C 600 BYPASS DRIVE STE 109 CLEARWATER, FL 33764

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<ol> <li>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.</li> </ol>										
SIGNATURE	Signature, typed or printed name of registered agent and til	te if applicable	(NOTE: Registered	l Agent signatu	re required when reinstating)	DATE				
	LE NOW!!! FEE IS \$150.00 bue by September 6, 2006		on Campaign Finan Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DIR	ECTORS		15573	1711 - 1714	Com. Care Guana				
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD MULL, GARTH L 25380 HECKMAN DRIVE BROOKSVILLE, FL 34601 TD MULL, EMMA M 25380 HECKMAN DRIVE BROOKSVILLE, FL 34601									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONAS, RANDY 4308 BIRT STREET BROOKSVILLE, FL 34610				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					IN	THIS SPACE				

12. I hereby certify that the information supplied with this filling 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 affect 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

South mall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-06

352<u>-540-4997</u>

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