

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000158399

1. Entity Name
FRED MULLER SERVICES, INC.



Principal Place of Business
447 W. CHURCH AVE.
LONGWOOD, FL 32750

Mailing Address
447 W. CHURCH AVE.
LONGWOOD, FL 32750



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1715406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

MULLER, FRED C
447 W. CHURCH AVE.
LONGWOOD, FL 32750

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May-1-2008; Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLER, FRED C
STREET ADDRESS	447 W. CHURCH AVE.
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D
NAME	MULLER, ROBIN E
STREET ADDRESS	447 W. CHURCH AVE.
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #