

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 08, 2005 8:00 am
Secretary of State**

08-08-2005 90047 014 ***150.00

DOCUMENT # P04000028798		
1. Entity Name BETTY MULLINNIX, P.A.		

Principal Place of Business 5065 COMMONWEALTH DR SARASOTA, FL 34242	Mailing Address 5065 COMMONWEALTH DR SARASOTA, FL 34242
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50060437

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07292005 Chg-P CR2E034 (10/03)

4. FEI Number 45-0535444	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BULLINNIX, BETTY 5065 COMMONWEALTH DR SARASOTA, FL 34242	7. Name and Address of New Registered Agent
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Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

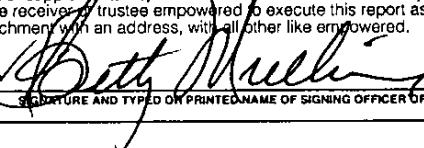
(NOTE: Registered Agent signature required when reinstating)

DATE

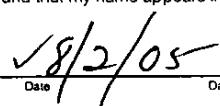
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINNIX, BETTY	NAME	
STREET ADDRESS	5065 COMMONWEALTH DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date 18/2/05
Daytime Phone #

ATTACHMENT
PO 400028798
50060437

BETTY MULLINIX, P.A.
5065 Commonwealth Drive
Sarasota, Florida 34242

July 27, 2005

DIVISION OF CORPORATIONS
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Uniform Business Report, 2005
F.E.I.N. 45-0535444

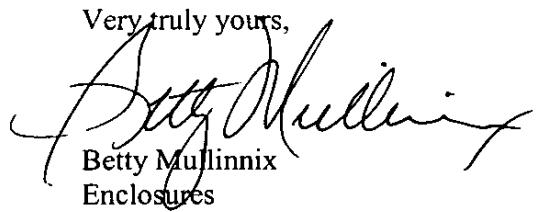
Dear Sir/Madam:

Our report was not filed in a timely manner due to never receiving notice from the State regarding the 2005 Annual Uniform Business Report. Enclosed please find our check in the amount of \$150.00 to cover the original filing fee along with our report.

Please notify us of your response to this letter in writing to the above address.

Thank you for your consideration and assistance in this matter.

Very truly yours,


Betty Mullinix
Enclosures