

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000126615

1. Entity Name
MEDIA PLUS, INC.



Principal Place of Business
**10620 SW 27TH AVENUE, A-7
OCALA, FL 34476**

Mailing Address
**P.O. BOX 3744
OCALA, FL 34478**

FILED
Feb 06, 2007 08:00 AM
Secretary of State



02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0883765	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MULLEN, FRED
10620 SW 27TH AVENUE, A-7
OCALA, FL 34476**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLEN, FRED 10620 SW 27TH AVE, A-7 OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MULLEN, JOYCE 10620 SW 27TH AVE, # A-7 OCALA, FL 34476
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02/14/07-80031-025 150.00

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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: Joyce Mullen, Sec/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/07 352-237-1467
Date Daytime Phone #