

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 008 ***150.00

DOCUMENT # P04000161994

1. Entity Name

ANTHONY F. MULLINS, INC.



Principal Place of Business
571 EDGEWATER DRIVE
DUNEDIN FL 34698

Mailing Address
571 EDGEWATER DRIVE
DUNEDIN FL 34698



2. Principal Place of Business - No P.O. Box #
1015 Hiawatha PL.

3. Mailing Address
1015 Hiawatha PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Holiday Florida

City & State
Holiday Florida

4. FEI Number 20-1947540

Applied For
Not Applicable

Zip
34691

Country
USA

Zip
34691

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLINS, ANTHONY F
571 EDGENATER DR
DUNEDIN FL 34698

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

Anthony F. Mullins

4/26/2007

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MULLINS, ANTHONY F
571 EDGEWATER DRIVE
DUNEDIN FL 34698 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Anthony Mullins
1015 Hiawatha PL.
Holiday FL 34691 ☒ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

12. I hereby 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 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:

Anthony F. Mullins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2007

DATE

727-812-4932

Daytime Phone #