

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000166708

1. Entity Name
BOB MCMULLEN INSURANCE AGENCY, INC.



Principal Place of Business

24241 SOUTH TAMiami TRAIL, SUITE #1
BONITA SPRINGS, FL 34135-7000
34134

Mailing Address

24241 SOUTH TAMiami TRAIL, SUITE #1
BONITA SPRINGS, FL 34135-7000



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3986205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, JR., ROBERT A
24241 SOUTH TAMiami TRAIL, SUITE #1
BONITA SPRINGS, FL 34135-7000
34134-7000

**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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCMULLEN, JR., ROBERT A
STREET ADDRESS	24241 SOUTH TAMiami TRAIL, SUITE #1
CITY-ST-ZIP	BONITA SPRINGS, FL 34135-7000

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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03/26/07-80001-022 150.00

**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 all other like empowered.

SIGNATURE:

Robert A. McMullen, Jr. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07

Date

239-
992-0777

Daytime Phone #

Robert A. McMullen, Jr