2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000166708

1. Entity Name
BOB MCMULLEN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
24241 SOUTH TAMIAMI TRAIL, SUITE #1	24241 SOUTH TAMIAMI TRAIL, SUITE #1
BONITA SPRINGS, FL 34135-7000	BONITA SPRINGS, FL 34135-7000

DO NOT WRITE IN THIS SPACE

03052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3986205	Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U0000008C8294
04/09/08-30003-010 150.00

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 341357000

TITLE	
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CITY-ST-ZIP	

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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._   3-20-08   239-992-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #