

FILED
Apr 16, 2008 8:00 am
Secretary of State

60024846

DOCUMENT # P07000107422		04-16-2008 90035 033 ***150.00	
1. Entity Name MULLINS & MILLER, INC.			
Principal Place of Business 5370 NORTH HIGHWAY 1 COCOA, FL 32927		Mailing Address 5370 NORTH HIGHWAY 1 COCOA, FL 32927	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MILLER, THOMAS 4835 ANCONA ROAD COCOA, FL 32927		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME P MILLER, THOMAS STREET ADDRESS 4835 ANCONA ROAD CITY - ST - ZIP COCOA, FL 32927		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME S MILLER, CATHY STREET ADDRESS 4835 ANCONA ROAD CITY - ST - ZIP COCOA, FL 32927		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME V MULLINS, JEFFREY STREET ADDRESS 4620 CURTIS BLVD CITY - ST - ZIP COCOA, FL 32927		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME T MULLINS, BERTHA L STREET ADDRESS 4620 L. MULLINS CITY - ST - ZIP COCOA, FL 32927		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
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: <i>Cathy Miller</i> CATHY miller		Date 4/14/08 321-636-922	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	