

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000086219

1. Entity Name
MULLEN & ASSOCIATES OF FLAGLER, INC.



Principal Place of Business
**1 ENTERPRISE DRIVE
BUNNELL, FL 32110 US**

Mailing Address
**1 ENTERPRISE DRIVE
BUNNELL, FL 32110 US**



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3243678

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLEN, MICHAEL
1500 LAMBERT AVE.
FLAGLER BCH., FL 32136**

**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, 2004 Fee will be \$550.00**

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

UN00000150561
05/04/04-20011-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLEN, MICHAEL
STREET ADDRESS	1500 LAMBERT AVENUE
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	D
NAME	MULLEN, KATHLEEN
STREET ADDRESS	1305 TOWN HARBOR LANE
CITY-ST-ZIP	SOUTHOLD, NY 11971
TITLE	D
NAME	MULLEN, JOHN
STREET ADDRESS	29 COLLINGTON CT.
CITY-ST-ZIP	PALM COAST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

386-445-2222

Daytime Phone #