

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90163 026 ***150.00

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1. Entity Name
MULLIS, INC.



Principal Place of Business
**382 NW MAIN BLVD.
LAKE CITY, FL 32055-3382**

Mailing Address
**382 NW MAIN BLVD.
LAKE CITY, FL 32055-3382**

40027975



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3342902** Applied For --
Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIS, JESSE J
512 N FIRST STREET 382 nw main Blvd.
LAKE CITY, FL 32055

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME MULLIS, JESSE J
STREET ADDRESS 382 NW MAIN BLVD.
CITY-ST-ZIP LAKE CITY, FL 320553382

TITLE VS
NAME MULLIS, CAROL D
STREET ADDRESS 382 NW MAIN BLVD.
CITY-ST-ZIP LAKE CITY, FL 320553382

TITLE D
NAME MULLIS, DARREL
STREET ADDRESS 382 NW MAIN BLVD.
CITY-ST-ZIP LAKE CITY, FL 320553382

TITLE D
NAME WHITTINGTON, KELLI
STREET ADDRESS 382 NW MAIN BLVD.
CITY-ST-ZIP LAKE CITY, FL 320553382

TITLE D
NAME HICKS, KASIE M.
STREET ADDRESS 382 NW MAIN BLVD.
CITY-ST-ZIP LAKE CITY, FL 320553382

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE: Carol Deanna Mullis **3.4.05** **386-752-6320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #