

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90057 048 ***150.00

DOCUMENT # P95000093351

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006

Chg-P

CR2E034 (11/05)

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
382 NW MAIN BLVD
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name
MULLIS, CAROL D

Street Address (P.O. Box Number is Not Acceptable)
382 NW MAIN BLVD

City
LAKE CITY

FL

Zip Code
32055

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 Carol D. Mullis President, Carol D. Mullis 2-23-06
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, 2006 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	<input checked="" type="checkbox"/> Delete
NAME	MULLIS, JESSE J	
STREET ADDRESS	382 NW MAIN BLVD.	
CITY-ST-ZIP	LAKE CITY, FL 320553382	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MULLIS, CAROL D	
STREET ADDRESS	382 NW MAIN BLVD.	
CITY-ST-ZIP	LAKE CITY, FL 320553382	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIS, DARREL	
STREET ADDRESS	382 NW MAIN BLVD.	
CITY-ST-ZIP	LAKE CITY, FL 320553382	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTINGTON, KELLI	
STREET ADDRESS	382 NW MAIN BLVD.	
CITY-ST-ZIP	LAKE CITY, FL 320553382	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, KASIE M.	
STREET ADDRESS	382 NW MAIN BLVD.	
CITY-ST-ZIP	LAKE CITY, FL 320553382	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Carol D. Mullis Carol D. Mullis, President 2-23-06 386-752-6320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #