

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093351

FILED
Apr 09, 2009
Secretary of State

Entity Name: MULLIS, INC.

Current Principal Place of Business:

382 NW MAIN BLVD.
LAKE CITY, FL 320553382

New Principal Place of Business:

398 N SR 51
MAYO, FL 32066

Current Mailing Address:

382 NW MAIN BLVD.
LAKE CITY, FL 320553382

New Mailing Address:

P O BOX 8
MAYO, FL 32066

FEI Number: 59-3342902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIS, CAROL D
382 NW MAIN BLVD
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

MULLIS, CAROL D
398 N SR 51
MAYO, FL 32066 US

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.

SIGNATURE: DEANNA MULLIS

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULLIS, CAROL D
Address: 382 NW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 320553382

Title: D () Delete
Name: MULLIS, DARREL
Address: 382 NW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 320553382

Title: D () Delete
Name: WHITTINGTON, KELLI
Address: 382 NW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 320553382

Title: D () Delete
Name: HICKS, KASIE M.
Address: 382 NW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 320553382

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MULLIS, CAROL D
Address: 398 N SR 51
City-St-Zip: MAYO, FL 32066

Title: D (X) Change () Addition
Name: MULLIS, DARREL
Address: 398 N SR 51
City-St-Zip: MAYO, FL 32066

Title: D (X) Change () Addition
Name: WHITTINGTON, KELLI
Address: 398 N SR 51
City-St-Zip: MAYO, FL 32066

Title: D (X) Change () Addition
Name: HICKS, KASIE M.
Address: 398 N SR 51
City-St-Zip: MAYO, FL 32066

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNA MULLIS

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date