2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 05, 2004 8:00 am **DOCUMENT # P96000099188 Secretary of State** MULLET PROPERTIES, INC. 03-05-2004 90021 016 ***150.00 Principal Place of Business Mailing Address 905 PONDER AVE 905 PONDER AVE SARASOTA, FL 34232-6632 SARASOTA, FL 34232-6632 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02272004 Chg-P City & State City & State 4. FEI Number Applied For Not Applicable 65-0714736 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired __ []_. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MULLET, FREEMAN Street Address (P.O. Box Number is Not Acceptable) 905 PONDER AVE SARASOTA, FL 34232 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D P,D Change ☐ Addition TITLE Delete TILE NAME MULLET, FREEMAN NAME Freeman Mullet STREET ADORESS 7849 SADDLE CREEK TRAIL STREET ADDRESS 15700 Sugar Bowl Rd. SARASOTA, FL 34241 CITY-ST-ZIP CITY-ST-7IP Myakka City, FL 34251 TITLE Detete TITLE ☐ Change Addition NAME Sandra Faye Mullet STREET ADDRESS STREET ADDRESS 15700 Sugar Bowl Rd. CITY-ST-ZIP CITY-ST-ZIP Myakka City FL 34251 TITLE Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE □ Oefete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP: CITY-ST-ZIP ... MILE D Delete MLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 3-3-04 941-371-350. SIGNATURE:

FILED