


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000099188</b> 1. Entity Name MULLET PROPERTIES, INC.	
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Principal Place of Business 905 PONDER AVE SARASOTA, FL 34232-6632	Mailing Address 905 PONDER AVE SARASOTA, FL 34232-6632
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**DO NOT WRITE IN THIS SPACE**



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0714736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MULLET, FREEMAN  
905 PONDER AVE  
SARASOTA, FL 34232

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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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLET, FREEMAN 15700 SUGAR BOWL RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAYE MULLET, SANDRA 15700 SUGAR BOWL RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAW, LENETTE 16431 WINBURN PL SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLET, TRAVIS 15700 SUGAR BOWL RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/07-80067-008 150.00

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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 119, 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: [Signature] 4/5/07 941-371-3502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #