## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000099188

MULLET, TRAVIS

15700 SUGAR BOWL RD

MYAKKA CITY, FL 34251

Name:

Address:

City-St-Zip:

Entity Name: MULLET PROPERTIES, INC.

FILED Apr 07, 2009 Secretary of State

| Entity Na                                   | me: MULLET                                           | PROPERTIES, INC.               |                                             |                                              |                                        |  |
|---------------------------------------------|------------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------------------------|----------------------------------------|--|
| Current Principal Place of Business:        |                                                      |                                | New Princ                                   | New Principal Place of Business:             |                                        |  |
| 905 PONE<br>SARASOT                         | DER AVE<br>TA, FL 342326                             | 632                            |                                             |                                              |                                        |  |
| Current Mailing Address:                    |                                                      |                                | New Maili                                   | New Mailing Address:                         |                                        |  |
| 905 PONE<br>SARASOT                         | DER AVE<br>TA, FL 342326                             | 632                            |                                             |                                              |                                        |  |
| FEI Number                                  | : 65-0714736                                         | FEI Number Applied For ( )     | FEI Number Not App                          | licable ( )                                  | Certificate of Status Desired ( )      |  |
| Name and                                    | d Address of C                                       | current Registered Agent       | Name and                                    | Name and Address of New Registered Agent:    |                                        |  |
| 905 PONE                                    | FREEMAN<br>DER AVE<br>TA, FL 34232                   | US                             |                                             |                                              |                                        |  |
|                                             | e named entity :<br>e of Florida.                    | submits this statement for th  | ne purpose of changing                      | its registere                                | d office or registered agent, or both, |  |
| SIGNATU                                     | RE:                                                  |                                |                                             |                                              |                                        |  |
|                                             | Electror                                             | ic Signature of Registered     | Agent                                       |                                              | Date                                   |  |
| Election Ca                                 | mpaign Financin                                      | g Trust Fund Contribution ( ). |                                             |                                              |                                        |  |
| OFFICER                                     | S AND DIREC                                          | TORS:                          | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (†)<br>MULLET, FREE<br>15700 SUGAR<br>MYAKKA CITY, | BOWL RD                        | Title:<br>Name:<br>Address:<br>City-St-Zip: |                                              | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S ( )<br>FAYE MULLET<br>15700 SUGAR<br>MYAKKA CITY,  | BOWL RD                        | Title:<br>Name:<br>Address:<br>City-St-Zip: |                                              | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | T ()<br>SHAW, LENET<br>16431 WINBUF<br>SARASOTA, FL  | RN PL                          | Title:<br>Name:<br>Address:<br>City-St-Zip: |                                              | () Change () Addition                  |  |
| Title:                                      | V (                                                  | Delete                         | Title:                                      | V                                            | (X) Change ( ) Addition                |  |

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.

Name:

Address:

City-St-Zip:

MULLET, TRAVIS

15600 SUGAR BOWL RD

MYAKKA CITY, FL 34251

SIGNATURE: FREEMAN MULLET DIR 04/07/2009