

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 08, 2004 8:00 am
Secretary of State**

03-08-2004 90038 006 ***150.00

DOCUMENT # P97000061111

1. Entity Name
**MULHOLLAND INVESTIGATION & SECURITY
CONSULTING, INC.**



Principal Place of Business
130 EAST BAY ST.
JACKSONVILLE, FL 32202 US

Mailing Address
P.O. BOX 56946
JACKSONVILLE, FL 32241

54015645

2. Principal Place of Business
221 E. ADAMS ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
JAX FL

City & State

Zip
32202

Zip

Country
Florida

Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3459611

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MUSA FARMAND, ESQUIRE
200 EAST FORSYTH STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULHOLLAND, SEAN T 4355 OLDE PINE LANE JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULHOLLAND, BEVERLY A 4355 OLDE PINE LANE JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04

904
354-7889

Date

Daytime Phone #