


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000061111
 1. Entity Name
 MULHOLLAND INVESTIGATION & SECURITY CONSULTING, INC.



Principal Place of Business: 221 E ADAMS ST. JACKSONVILLE, FL 32202 US
 Mailing Address: P.O. BOX 56946 JACKSONVILLE, FL 32241



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULHOLLAND, SEAN T
STREET ADDRESS	4355 OLDE PINE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	MULHOLLAND, BEVERLY A
STREET ADDRESS	4355 OLDE PINE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/18/05-80021-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: S. Mulholland 3-17-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #