

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90314 021 ***150.00

DOCUMENT # P97000065121

1. Entity Name
MICHAEL C. MULLENS, INC.



Principal Place of Business
1246 ROLLING WOODS LANE
LAKELAND, FL 33813

Mailing Address
1246 ROLLING WOODS LANE
LAKELAND, FL 33813

00042979

2. Principal Place of Business
210 Lake Hollingsworth
Suite, Apt. #, etc. 102

3. Mailing Address
210 Lake Hollingsworth
Suite, Apt. #, etc. 102



01182005 Chg-P CR2E034 (10/03)

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-3460263

Applied For
Not Applicable

Zip
33803

Country
USA

Zip
33803

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLENS, MICHAEL C.
~~1246 ROLLING WOODS LANE~~
~~LAKELAND, FL 33813~~
210 Lake Hollingsworth, #102
Lakeland, FL 33803

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 Michael C. Mullens 2/23/05
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, 2005 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 D
NAME MULLENS, MICHAEL C.
STREET ADDRESS C/O 1246 ROLLING WOODS LANE
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Delete

TITLE D
NAME Mullens, Michael C.
STREET ADDRESS 210 Lake Hollingsworth, #102
CITY-ST-ZIP Lakeland, FL 33803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Michael C. Mullens 2/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #