

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000012885	
1. Entity Name MULLINS PHARMACY, INC.	

Principal Place of Business 830 OHIO AVE. LYNN HAVEN, FL 32444	Mailing Address 830 OHIO AVE. LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3493243	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MULLINS, DEANN M
830 OHIO AVE.
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signature required when reappointing)) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

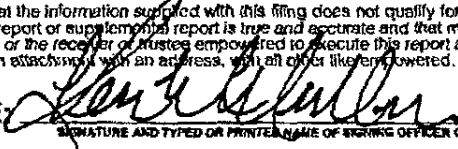
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, DEANN M 3116 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, KENNETH M 3116 COUNTRY CLUB DR. LYNN HAVEN, FL 32444
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IN THIS SPACE**

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03/25/06-80026-002 150.00

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 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 information.

SIGNATURE:  **2/27/06 25-205-3344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #