

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000107811**

1. Entity Name  
**MULLIGAN MARKETING CONCEPTS, INC.**



Principal Place of Business  
**4164 SUNSET LANE NORTH  
JACKSONVILLE, FL 32257 US**

Mailing Address  
**4164 SUNSET LANE NORTH  
JACKSONVILLE, FL 32257 US**



03292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3550853</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**THOMPSON, CHUCK  
4164 SUNSET LANE NORTH  
JACKSONVILLE, FL 32257**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U000000839818  
04/29/08-80001-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DPS</b>
NAME	<b>THOMPSON, CHUCK</b>
STREET ADDRESS	<b>4164 SUNSET LANE NORTH</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>

TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

**SIGNATURE:**

*Chuck Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-01-08* *904-448-57-27*  
Date Daytime Phone #