

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S26340**

1. Entity Name

**MULLINS AIR CONDITIONING, INC.**



Principal Place of Business

**5652 SW 130 AVE  
MIAMI, FL 33183**

Mailing Address

**5652 SW 130 AVE  
MIAMI, FL 33183**



03032007

No Chg-P

CR2E034 (11/05)

4. FEI Number

**65-0238243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**MULLINS, TERRENCE  
5652 SW 130 AVE  
MIAMI, FL 33183**

**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

*Terrence T. Mullins*  
Signature, typed or printed name of registered agent and title if applicable

*Terrence T. Mullins*  
(NOTE: Registered Agent signature required when reinstating)

*3-21-07*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	MULLINS, TERRENCE
STREET ADDRESS	5652 SW 130 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MULLINS, MARIA
STREET ADDRESS	5652 SW 130 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000676128  
03/30/07-80047-003 150.00

**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: *Terrence T. Mullins* **TERRENCE T. MULLINS** 3-21-07 305 796-0188