


Apr. 2, 2005 4:20AM

No.8959 P. 2

**FILED**

**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # V51161</b>		
1. Entity Name <b>THE MULLIN AGENCY, INC.</b>		

Principal Place of Business <b>761 WEST GRANADA BLVD ORMOND BEACH, FL 32174 US</b>	Mailing Address <b>761 WEST GRANADA BLVD ORMOND BEACH, FL 32174 US</b>
---	---



04012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3132901</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>MULLIN, MICHAEL S. 237 MARSH LAKE DR FERNANDINA BEACH, FL 32034</b>	
---	--

**DO NOT WRITE IN THIS SPACE**

6. 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 title if applicable (For filer, Registered Agent signature required when registering) DWL

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

U00000292333  
04/07/05-80065-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>PTD</b>	NAME <b>MULLIN, MARK S.</b>
STREET ADDRESS <b>6058 HIGHWAY 11</b>	CITY-STATE-ZIP <b>DELEON SPRINGS, FL</b>

TITLE <b>VPSD</b>	NAME <b>MULLIN, MICHAEL S.</b>
STREET ADDRESS <b>237 MARSH LANE DR</b>	CITY-STATE-ZIP <b>FERNANDINA BEACH, FL 32034</b>

TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 Mullin* Date: 4/01/05 Daytime Phone #: 386-673-3633