


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000022431

1. Entity Name
MABILE & BULLARD ENTERPRISES INCORPORATED



Principal Place of Business Mailing Address

212 NO MARION AVE POST OFFICE BOX 1432
 SUITE 202 LAKE CITY, FL 32056
 LAKE CITY, FL 32055



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3431126 Not Applicable

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

6. Name and Address of Current Registered Agent

BULLARD, CHRIS A
 212 N. MARION AVE SUITE 202
 LAKE CITY, FL 32055

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	MABILE, PAUL G
STREET ADDRESS	1120 SW HOPE HENRY STREET
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	STD
NAME	MABILE, RHONDA M
STREET ADDRESS	1120 SW HOPE HENRY STREET
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	VD
NAME	BULLARD, CHRIS A
STREET ADDRESS	POST OFFICE BOX 1432
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000662010
 03/20/07-80066-017 150.00

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 address, with all other like empowered.

SIGNATURE: *Chris A Bullard* 3/2/7 386-754-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #