

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

5/3

05-03-2004 90411 044 ***150.00

DOCUMENT # P03000022740

1. Entity Name

SULLIVAN MOTORSPORTS, INC.



Principal Place of Business

3475 GORDY ROAD
FORT PIERCE FL 34945

Mailing Address

3475 GORDY ROAD
FORT PIERCE FL 34945

66426599



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2398118

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JOHN A
3475 GORDY ROAD
FORT PIERCE FL 34945

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD
 NAME: SULLIVAN, JOHN A Delete
 STREET ADDRESS: 3475 GORDY ROAD
 CITY-ST-ZIP: FORT PIERCE FL 34945

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VSD Delete
 NAME: SULLIVAN, EDWARD H
 STREET ADDRESS: 3475 GORDY ROAD
 CITY-ST-ZIP: FORT PIERCE FL 34945

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Change Addition
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 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or other like empowered.

SIGNATURE: John A Sullivan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 772-461-8894
 Date Daytime Phone #