


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000104738
 1. Entity Name
SULLIVAN & HEWETT, INC.



Principal Place of Business 1700 NE SHADY OAKS ROAD MAYO, FL 32066	Mailing Address 1700 NE SHADY OAKS ROAD MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0901747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SULLIVAN, JODY W
 1700 NE SHADY OAKS RD
 MAYO, FL 32066

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, 2008 Fee will be \$550.00

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

04/09/08 0891442 04/09/08 0891442 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SULLIVAN, JODY 1700 NE SHADY OAKS RD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEWETT, JOHN 1700 NE SHADY OAKS ROAD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SULLIVAN, DEBORAH J 1700 NE SHADY OAKS ROAD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 empowerments.

SIGNATURE: *Deborah J Sullivan Sec./Treas.* 4-08-08 386-294-1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #