FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90042 045 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000024624

1. Entity Name
G.L. SULLIVAN & ASSOCIATES, INC.

66011294

Principal Place of Business	Mailing Address
8615 MESSICK STREET PENSACOLA, FL 32534	8615 MESSICK STREET PENSACOLA, FL 32534

03102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2770 WALLACE LAKE RD	2770 WALLACE LAKE Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PACE, FLA.	City & State PACE, FLA
Zip 32571 Country USA	Zip 32571 Country USA

4. FEI Number 20-8483145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, GERALD L
8615 MESSICK STREET
PENSACOLA, FL 32534

7. Name and Address of New Registered Agent

Name SULLIVAN, GERALD L.
Street Address (P.O. Box Number is Not Acceptable) 2770 WALLACE LAKE Rd
City PACE FL Zip Code 32571

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] 5/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, GERALD L 8615 MESSICK STREET PENSACOLA, FL 32534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SULLIVAN, GERALD L. 2770 WALLACE LAKE Rd PACE, FL. 32571	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 empowered.

SIGNATURE: [signature] 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #