

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90345 031 \*\*\*150.00

**DOCUMENT # P98000081258**

1. Entity Name  
**SULLY GROUP, INC.**



Principal Place of Business

**2676 FLORENCE ST.  
ORLANDO, FL 32818**

Mailing Address

**PO BOX 68117  
ORLANDO, FL 32868-1117**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3535384**

☒ Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HART, JANET M  
2676 FLORENCE ST.  
ORLANDO, FL 32818**

**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

*JANET M HART*

*Janet M Hart*

*16 APR 04*

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HART, JANET M
STREET ADDRESS	2676 FLORENCE ST.
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	SULLIVAN, RONALD L
STREET ADDRESS	2676 FLORENCE ST.
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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)(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 all other like empowered.

SIGNATURE:

*Ronald L Sullivan*

*Ronald L Sullivan*

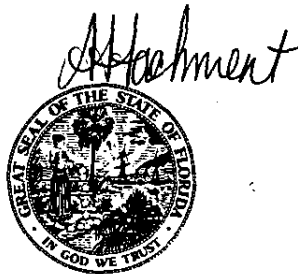
*16 APR 04*

*407-296-3899*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



14015320

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 19, 2004

SULLY GROUP, INC.  
PO BOX 68117  
ORLANDO, FL 32868-1117

SUBJECT: SULLY GROUP, INC.  
Ref. Number: P98000081258

We have received your document for SULLY GROUP, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 304A00025793