


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90298 029 \*\*\*150.00

**DOCUMENT # V19374**

1. Entity Name  
**SULLIVAN PINE STRAW, INC.**



Principal Place of Business      Mailing Address

1700 NE SHADY OAK RD      1700 NE SHADY OAK RD  
 MAYO, FL 32066      MAYO, FL 32066

**50011596**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04102006    Chg-P      CR2E034 (11/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

59-3122270      Not Applicable

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

**6. Name and Address of Current Registered Agent**

WARFEL, TIMOTHY J  
 2015 CENTRE POINTE BOULEVARD  
 TALLAHASSEE, FL 32308

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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, 2006 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	<input type="checkbox"/> Delete
NAME	SULLIVAN, JODY W	
STREET ADDRESS	RT. 2, BOX 22	
CITY-ST-ZIP	MAYO, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, DEBORAH JOANN	
STREET ADDRESS	RT. 2, BOX 22	
CITY-ST-ZIP	MAYO, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Jody W	
STREET ADDRESS	1700 NE Shady Oaks Rd	
CITY-ST-ZIP	Mayo, Fl 32066	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Deborah Joann	
STREET ADDRESS	1700 NE Shady Oaks Rd	
CITY-ST-ZIP	Mayo, Fl 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Deborah J Sullivan      Sec / Treasurer      4-10-06      386-294-3037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #