

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 460604

1. Entity Name
A. J. SULLIVAN OF FLORIDA, INC.



Principal Place of Business
N.W. AVENUE L
BOX 460
BELLE GLADE, FL 33430-0460

Mailing Address
N.W. AVENUE L
BOX 460
BELLE GLADE, FL 33430-0460

FILED
04 JAN 23 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01022004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1559114

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFF, GENE
227 NW AVENUE L
BELLE GLADE, FL 33430

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

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 SD ☐ Delete
NAME HUNDLEY, JOHN
STREET ADDRESS ST. ROAD 80
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE PD ☐ Delete
NAME SCHLECHTER, JOHN
STREET ADDRESS 1900 16TH ST
CITY-ST-ZIP BELLE GLADE, FL 00000,

TITLE AS ☐ Delete
NAME DUFF, GENE
STREET ADDRESS 232 ROYAL PALM WAY
CITY-ST-ZIP BELLE GLADE, FL 00000,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 600027525036
STREET ADDRESS 01/23/04--01061--009 **150.00
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 1641 S.W. Ave K PL
STREET ADDRESS Belle Glade, FL 33430
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/04 561-996-3259

TR