

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01062005 No 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**

**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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/19/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 |
| NAME | HUNDLEY, JOHN |
| STREET ADDRESS | ST. ROAD 80 |
| CITY-ST-ZIP | BELLE GLADE, FL 33430 |
| TITLE | PD |
| NAME | SCHLECHTER, JOHN |
| STREET ADDRESS | 1900 16TH ST |
| CITY-ST-ZIP | BELLE GLADE, FL 00000 |
| TITLE | AS |
| NAME | DUFF, GENE |
| STREET ADDRESS | 1641 S E AVE K PL |
| CITY-ST-ZIP | BELLE GLADE, FL 33430 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/25/05-8000R-017 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/05

561-996-3259