2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 460604

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

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

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000832789
02/27/08 00071 021 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/14/08 561-996-3259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #