

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460604

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

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

N.W. AVENUE L  
BOX 460  
BELLE GLADE, FL 334300460

## New Principal Place of Business:

N.W. AVENUE L  
BELLE GLADE, FL 334300460

## Current Mailing Address:

N.W. AVENUE L  
BOX 460  
BELLE GLADE, FL 334300460

## New Mailing Address:

BOX 490  
BELLE GLADE, FL 334300460

FEI Number: 59-1559114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: HUNDLEY, JOHN,  
Address: ST. ROAD 80  
City-St-Zip: BELLE GLADE, FL 33430

Title: PD ( ) Delete  
Name: SCHLECHTER, JOHN,  
Address: 1900 16TH ST  
City-St-Zip: BELLE GLADE, FL 00000,

Title: AS ( ) Delete  
Name: DUFF, GENE  
Address: 1641 S E AVE K PL  
City-St-Zip: BELLE GLADE, FL 33430

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE DUFF

AS

01/15/2009

Electronic Signature of Signing Officer or Director

Date