## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

954-78/-7600 Daysime Phone #

ANNUAL REPURI				Jan 07, 2005 00:00 E			
1. Entity Nam	MENT # 52691 re. sullivan, p.a.	1			Se	cretary	of State
Principal Plac	ce of Business	Mailing Address	<del></del>	1			
1 '	IPLE RD SUITE 204	2211 E SAMPLE RD SUITE 20	14	-			
	E POINT, FL 33064	LIGHTHOUSE POINT, FL 330					
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İ				5. Certificate	of Status Desired		75 Additional
			<u> </u>			— Fee	Required
2211 E SA	5. Name and Address on			NOT W THIS SF			
		atement for the purpose of changing its registe	ered office or register	red agent, or bo	th, in the State of Flo	orida. I am famil	iar with, and accept
the obliga	tions of registered agent.						
		_					*
SIGNATURE.	Signature, typed or printed name of reg	stered agent and title if applicable. (NOTE: Flegiste	red Agent signature required	f when reinstating)		DATE	· · ·
FIL After M	E NOW!!! FEE IS \$15 ay 1, 2005 Fee will be	9. Election Campaign Final State Fund Contribution		.00 May Be led to Fees			
10.	OÉFIÓ	ERS AND DIRECTORS			<u> </u>		
<del></del>	PD	ENG AND DIRECTORS					
TITLE NAME	SULLIVAN, WILLIAM F.						
STREET ADDRESS	2211 E SAMPLE RD #2						ŕ,
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l indicated	l on this report or supplement	pplied with this filing does not qualify for the ex at report is true and accurate and that my sign	ature shall have the s	same legal effec	ct as if made under d	oath: that I am ar	officer or director
of the cor	poration or the receiver or tru	stee empowered in execute this report as requadress with all other like empowered	uired by Chapter 607	, Florida Statute	es; and that my nam	e appear <b>s</b> in Blo	ck 10 or Block 11 if
cnanged	, or on an allachment was an	aucus with all other like empowered					

William F. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE !