

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90362 022 ***150.00

DOCUMENT # 685951

1. Entity Name

SULLIVAN GENERAL CONTRACTING CO.



Principal Place of Business

20500 COT RD
 410
 LUTZ FL 33558
 US

Mailing Address

20500 COT RD
 410
 LUTZ FL 33558
 US

44041879



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2026718**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, GLEN A
 20500 COT RD
 410
 LUTZ FL 33558

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	SULLIVAN, ERIC GRAYDON	
STREET ADDRESS	20500 COT RD 410	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, GLEN A	
STREET ADDRESS	20500 COT RD 410	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, GLEN A.	
STREET ADDRESS	#20500 COT RD., #410	
CITY-ST-ZIP	LUTZ, FLA. 33558	
TITLE	CHAIRMAN/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY-A. BECK	
STREET ADDRESS	5352 LAKE LECLARE RD.	
CITY-ST-ZIP	LUTZ, FLA. 33558	
TITLE	V.P./MANAGING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANNON K. SULLIVAN	
STREET ADDRESS	230 DEER COVE LANE	
CITY-ST-ZIP	LUTZ, FLA. 33549	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE SULLIVAN OTTINGER	
STREET ADDRESS	#7124 FLORESTATE DRIVE	
CITY-ST-ZIP	HUDSON, FLA. 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Glen A. Sullivan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 04 (813)
 949-6024
 Date Daytime Phone #