


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 685951
1. Entity Name
SULLIVAN GENERAL CONTRACTING CO.



Principal Place of Business Mailing Address
20500 COT RD 20500 COT RD
410 410
LUTZ, FL 33558 US LUTZ, FL 33558 US

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2026718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, GLEN A
20500 COT RD
410
LUTZ, FL 33558

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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, 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 NAME STREET ADDRESS CITY - ST - ZIP	VP SULLIVAN, ERIC GRAYDON 20500 COT RD 410 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, GLEN A 20500 COT RD 410 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT BECK, KATHY A 5352 LAKE LECLARE RD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VMGD SULLIVAN, SHANNON K 230 DEER COVE LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SULLIVAN OTTINGER, MICHELE #7124 FLORESTATE DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000325718
04/23/05-80027-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* Glen A. Sullivan (D) 21 Apr 05 813 949-6024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #