


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 685951 1. Entity Name SULLIVAN GENERAL CONTRACTING CO.	
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Principal Place of Business 20500 COT RD 410 LUTZ, FL 33558 US	Mailing Address 20500 COT RD 410 LUTZ, FL 33558 US
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DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2026718** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

U00000529458
05/05/06-80079-003 150.00

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IN THIS SPACE**

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

19 April 06 *813 417-6024*
Date Daytime Phone #