

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000006272

1. Entity Name
J.D. SULLIVAN MOTOR SALES, INC.



Principal Place of Business

**5002 EAST BROADWAY
TAMPA, FL 33619**

Mailing Address

**5002 EAST BROADWAY
TAMPA, FL 33619**

DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1160093

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, J.D.
1813 LAKE HERON DR.
LUTZ, FL 33549**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000861306
04/03/08-80003-025 158.75

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SULLIVAN, J.D.
STREET ADDRESS	1813 LAKE HERON DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VCS
NAME	SULLIVAN, BRENDA
STREET ADDRESS	1813 LAKE HERON DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	V
NAME	SULLIVAN, STUART
STREET ADDRESS	294 PRESIDENTIAL BLVD.
CITY-ST-ZIP	HODGENVILLE, KY 42748
TITLE	T
NAME	SULLIVAN, CALLIE
STREET ADDRESS	294 PRESIDENTIAL BLVD.
CITY-ST-ZIP	HODGENVILLE, KY 42748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Brenda Sullivan **Brenda Sullivan**

3-20-08

Date

813-789-4823

Daytime Phone #