

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006272

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

5002 EAST BROADWAY
TAMPA, FL 33619

New Principal Place of Business:

13553 SO DIXIE HWY
UPTON, KY 42784

Current Mailing Address:

5002 EAST BROADWAY
TAMPA, FL 33619

New Mailing Address:

1813 LAKE HERON DR
LUTZ, FL 33549

FEI Number: 61-1160093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SULLIVAN, J.D.
Address: 1813 LAKE HERON DR.
City-St-Zip: LUTZ, FL 33549

Title: VCS () Delete
Name: SULLIVAN, BRENDA
Address: 1813 LAKE HERON DR.
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: SULLIVAN, STUART
Address: 294 PRESIDENTIAL BLVD.
City-St-Zip: HODGENVILLE, KY 42748

Title: T (X) Delete
Name: SULLIVAN, CALLIE
Address: 294 PRESIDENTIAL BLVD.
City-St-Zip: HODGENVILLE, KY 42748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J D SULLIVAN

CP

04/13/2009

Electronic Signature of Signing Officer or Director

Date