

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # H63751 1. Entity Name SULLENBERGER, INC.	
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Principal Place of Business 8919 MAISLIN DRIVE TAMPA, FL 33637 US	Mailing Address 8919 MAISLIN DR TAMPA, FL 33637 US
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DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2546265	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SULLENBERGER, ROBERT E.
8919 MAISLIN DRIVE
TAMPA, FL 33637**

**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 re-electing) DATE _____

**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	PD SULLENBERGER, ROBERT E. 8919 MAISLIN DRIVE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SULLENBERGER, DONNA R. 8919 MAISLIN DRIVE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SULLENBERGER, BRETT E 8919 MAISLIN DR. TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CASEY, CARLA A 8919 MAISLIN DR. TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/19/05-80095-024 150.00

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: Carla Casey Carla Casey 4/15/05 813-988-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #