

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90409 045 ***150.00

DOCUMENT # H78261

1. Entity Name

SULLIVAN AND SULLIVAN, INC.



Principal Place of Business

1855 SW 31 AVE
PEMBROKE PARK FL 33009
US

Mailing Address

1855 SW 31 AVE
PEMBROKE PARK FL 33009
US

2. Principal Place of Business

3136 John P. Curci Dr.
Suite, Apt. #, etc.
Bay # 3

3. Mailing Address

3136 John P. Curci Dr.
Suite, Apt. #, etc.
Bay # 3

City & State

Pembroke Park, FL
Zip 33009 Country USA

City & State

Pembroke Park, FL
Zip 33009 Country USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2564555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JOSEPH D.
1855 SW 31 AVE
PEMBROKE PARK FL 33009

7. Name and Address of New Registered Agent

Name Sullivan, Joseph D.
Street Address (P.O. Box Number is Not Acceptable)
3136 John P. Curci Dr.
Bay # 3
City Pembroke Park FL Zip Code 33009

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SULLIVAN, RICHARD ☐ Delete
STREET ADDRESS 4837 NW 91 TERR.
CITY-ST-ZIP SUNRISE FL

TITLE CEO
NAME SULLIVAN, JOSEPH ☐ Delete
STREET ADDRESS 2230 S.W. 11TH PL
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *

Joseph D. Sullivan President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 954-989-3848
Date Daytime Phone #