

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J47343

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** SULLIVAN SERVICES OF ORLANDO, INC.

**Current Principal Place of Business:**

415 MONTGOMERY ROAD  
SUITE 135  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 161209  
ALTAMONTE SPRINGS, FL 327161209 US

**New Mailing Address:**

**FEI Number:** 59-2746831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, PATRICK R.  
415 MONTGOMERY ROAD  
SUITE #135  
ALTAMONTE SPRINGS, FL 32714 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SULLIVAN, PATRICK R  
Address: 415 MONTGOMERY RD #135  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: PATRICK R. SULLIVAN

PRES

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date