

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L54165**

1. Entity Name  
**HOWARD A. SULLIVAN, JR., P. A.**



Principal Place of Business  
**C/O HOWARD A. SULLIVAN, JR.  
2163 ARIZONA ST.  
WEST MELBOURNE, FL 32904**

Mailing Address  
**C/O HOWARD A. SULLIVAN, JR.  
2163 ARIZONA ST.  
WEST MELBOURNE, FL 32904**

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2995621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SULLIVAN, HOWARD A., JR.  
2163 ARIZONA STREET  
WEST MELBOURNE, FL 32904**

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPS  
SULLIVAN, HOWARD A., JR.  
2163 ARIZONA ST.  
WEST MELBOURNE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
SULLIVAN, HOWARD A., JR.  
2163 ARIZONA ST.  
WEST MELBOURNE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000169759  
08/09/04-80009-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Howard A. Sullivan Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/4/04**  
Date

**321-727-9655**  
Daytime Phone #