


2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 0:
Sec

DOCUMENT # L54165 1. Entity Name HOWARD A. SULLIVAN, JR., P. A.	
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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
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05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2995621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SULLIVAN, HOWARD A., JR. 2163 ARIZONA STREET WEST MELBOURNE, FL 32904
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**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 \$550.00
Due by September 7, 2005**

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	DPS SULLIVAN, HOWARD A., JR. 2163 ARIZONA ST. WEST MELBOURNE, FL
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05/05/05-80107-004 150.00

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

4-25-05 321-727-8655
Date Daytime Phone #