

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L56260

1. Entity Name
FERDINAND & SULLIVAN, P.A.



Principal Place of Business

**100 W. CYPRESS CREEK ROAD
SUITE 910
FT LAUDERDALE, FL 33309 US**

Mailing Address

**100 W. CYPRESS CREEK ROAD
SUITE 910
FT LAUDERDALE, FL 33309 US**

DO NOT WRITE IN THIS SPACE



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0185991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, KAREN M.
100 W CYPRESS CREEK RD SUITE 910
FT LAUDERDALE, FL 33309**

**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
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 VS
NAME FERDINAND, JON J.
STREET ADDRESS 100 W CYPRESS CREEK RD SUITE 910
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE D
NAME FERDINAND, JON J.
STREET ADDRESS 100 W. CYPRESS CREEK ROAD #910
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE PT
NAME SULLIVAN, KAREN M.
STREET ADDRESS 100 W CYPRESS CREEK RD SUITE 910
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE D
NAME SULLIVAN, KAREN M.
STREET ADDRESS 100 W. CYPRESS CREEK ROAD #910
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000354671
05/05/05-80002-009 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Sullivan **Karen Sullivan** 4/27/05 954 776 5822
President Date Daytime Phone #