

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L78840

1. Entity Name
WENDY SULLIVAN PROFESSIONAL ASSOCIATION



Principal Place of Business
**MM 22.8 US #1
CUDJOE KEY, FL 33042 US**

Mailing Address
**P.O. BOX 420428
SUMMERLAND KEY, FL 33042 US**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0203527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENMAN, FRANKLIN D.
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON, FL 33050**

**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, 2004 Fee will be \$550.00**

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
**D
SULLIVAN, WENDY
E. CARIBBEAN DR. BOX 428
SUMMERLAND KEY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STACK, JUTTA
PO BOX 420428
SUMMERLAND KEY, FL 33047**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VAN ARKEL, IDA
P.O. BOX 45
ST JAMES, MI 49782**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LABAUO, AARON
PO BOX 6001
KEY WEST, FL 33041**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KNUTHY, PATRICIA
PO BOX 1014
SUMMERLAND KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000151058
05/04/04-80030-022 150.00

**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 of assets 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 within address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4/28/04 305-812-9001

#7934 4/29/04