

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 010 ***150.00

DOCUMENT # M99139

1. Entity Name
SULLIVAN'S AUTOMOTIVE, INCORPORATED



Principal Place of Business
233 W. 14TH STREET
PANAMA CITY, FL 32401

Mailing Address
233 W. 14TH STREET
PANAMA CITY, FL 32401



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2919474

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOMAREK, PAUL G.
315 E 4TH STREET
PANAMA CITY, FL

**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	DP
NAME	SULLIVAN, PAUL R.
STREET ADDRESS	233 W 14TH ST
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	DV
NAME	SULLIVAN, BOBBIE J.
STREET ADDRESS	233 W 14TH ST
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	ST
NAME	SULLIVAN, BOBBIE J.
STREET ADDRESS	233 W 14TH ST
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Paul Sullivan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04 850 284 0193
Date Daytime Phone #