


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90020 030 ***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
--	--

DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2919474	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 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 *Paul G. Komarek* (NOTE: Registered Agent signature required when reinstating) DATE 03-14-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SULLIVAN, PAUL R. 233 W 14TH ST PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SULLIVAN, BOBBIE J. 233 W 14TH ST PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SULLIVAN, BOBBIE J. 233 W 14TH ST PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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* PAUL SULLIVAN 03-14-05 850 784 0193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #