

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013923

1. Entity Name

JOHN SULLIVAN CONSTRUCTION, INC.



Principal Place of Business

8284 CHICKASAW TRAIL
TALLAHASSEE, FL 32312

Mailing Address

8284 CHICKASAW TRAIL
TALLAHASSEE, FL 32312



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3626970

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

SULLIVAN, JOHN F
8284 CHICKASAW TRAIL
TALLAHASSEE, FL 32312

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	PS
NAME	SULLIVAN, JOHN F
STREET ADDRESS	8284 CHICKASAW TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VPT
NAME	SULLIVAN, ILENE M
STREET ADDRESS	8284 CHICKASAW TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/04--01030--006 **158.75

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:

John F. Sullivan JOHN F. SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

(850)509-3227

Daytime Phone #