


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000013923		
1. Entity Name JOHN SULLIVAN CONSTRUCTION, INC.		

FILED

05 APR 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8284 CHICKASAW TRAIL TALLAHASSEE, FL 32312	Mailing Address 8284 CHICKASAW TRAIL TALLAHASSEE, FL 32312
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2. Principal Place of Business 2264 TUSCAVILLA RD. Suite, Apt. #, etc.	3. Mailing Address 2264 TUSCAVILLA RD. Suite, Apt. #, etc.
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04192005 Chg-P CR2E034 (10/03)

City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32312	Zip 32312
Country LEON	Country LEON

4. FEI Number 59-3626970	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SULLIVAN, JOHN F 8284 CHICKASAW TRAIL TALLAHASSEE, FL 32312	
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7. Name and Address of New Registered Agent Name JOHN F. SULLIVAN Street Address (P.O. Box Number is Not Acceptable) 2264 TUSCAVILLA RD. City TALLAHASSEE FL Zip Code 32312	
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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 <i>John F. Sullivan</i>	DATE 4/19/05

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SULLIVAN, JOHN F 8284 CHICKASAW TRAIL TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SULLIVAN, ILENE M 8284 CHICKASAW TRAIL TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054006412 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/06/05--01050--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>John F. Sullivan</i>	DATE 4/19/05 (850) 509-3227