

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018943

Entity Name: RUTH D. SULLIVAN, INC.

FILED
Feb 08, 2007
Secretary of State

Current Principal Place of Business:

529 VERA CRUZ DRIVE
DESTIN, FL 32541

New Principal Place of Business:

1048 HIGHWAY 98 EAST
UNIT W1702
DESTIN, FL 32541

Current Mailing Address:

529 VERA CRUZ DRIVE
DESTIN, FL 32541

New Mailing Address:

1048 HIGHWAY 98 EAST
UNIT W1702
DESTIN, FL 32541

FEI Number: 59-3630371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, PETER E
646 HWY 98
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

SULLIVAN, SAMUEL E
1048 HIGHWAY 98 EAST
UNIT W1702
DESTIN, FL 32541 US

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.

SIGNATURE: SAMUEL E. SULLIVAN

02/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WRIGHT, MARY S
Address: 529 VERA CRUZ DR
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: SULLIVAN, SAMUEL E
Address: 3403 GARDEN GATE WAY
City-St-Zip: HOUSTON, TX 77059

Title: S () Delete
Name: LAMAR, MARGERY S
Address: 1516 KNOLLWOOD PLACE
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SULLIVAN, SAMUEL E
Address: 1048 HIGHWAY 98 EAST, UNIT W1702
City-St-Zip: DESTIN, FL 32541

Title: VP (X) Change () Addition
Name: WRIGHT, WILLIAM E
Address: 529 VERA CRUZ DRIVE
City-St-Zip: DESTIN, FL 32541

Title: S (X) Change () Addition
Name: LAMAR, MARGERY S
Address: 8105 DEEPWATER VIEW
City-St-Zip: PORT TOBACCO, MD 20677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL E. SULLIVAN

PT

02/08/2007

Electronic Signature of Signing Officer or Director

Date