

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90014 006 \*\*\*150.00

**DOCUMENT # P00000065712**

1. Entity Name

43RD AVENUE TRADE CENTER, INC.



Principal Place of Business

900 9 PLACE  
VERO BEACH FL 32960

Mailing Address

900 9 PLACE  
VERO BEACH FL 32960

400000001



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

3100 43rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach FL

Zip

Country

Zip

32960

Country

USA

4. FEI Number

65-1026326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, CHARLES A SR  
3100 43RD AVENUE  
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SULLIVAN, CHARLES A JR ☐ Delete  
STREET ADDRESS 900 9TH PLACE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE  
NAME 3100 43rd Avenue ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME SULLIVAN, MICHAEL A ☐ Delete  
STREET ADDRESS 900 9TH PLACE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE  
NAME 3100 43rd Avenue ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME SULLIVAN, KATHLEEN R ☐ Delete  
STREET ADDRESS 900 9TH PLACE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE  
NAME 3100 43rd Avenue ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME RADFORD, PATRICIA S ☐ Delete  
STREET ADDRESS 900 9TH PLACE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE  
NAME 3100 43rd Avenue ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Patricia S. Radford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-05

Date

Daytime Phone #