

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 Mailing Address
900 9 PLACE 900 9 PLACE
VERO BEACH FL 32960 VERO BEACH FL 32960

40000001



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
3100 43rd Ave Vero Beach FL 32960 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
SULLIVAN, CHARLES A SR
3100 43RD AVENUE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHARLES A JR	
STREET ADDRESS	900 9TH PLACE	
CITY - ST - ZIP	VERO BEACH FL 32960	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL A	
STREET ADDRESS	900 9TH PLACE	
CITY - ST - ZIP	VERO BEACH FL 32960	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN R	
STREET ADDRESS	900 9TH PLACE	
CITY - ST - ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RADFORD, PATRICIA S	
STREET ADDRESS	900 9TH PLACE	
CITY - ST - ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3100 43rd Avenue	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3100 43rd Avenue	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3100 43rd Avenue	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 01-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #