

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90031 010 ***150.00

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1. Entity Name

43RD AVENUE TRADE CENTER, INC.

Principal Place of Business

~~900 9 PLACE~~ 3100 43rd Ave
VERO BEACH FL 32960

Mailing Address

3100 43RD AVE
VERO BEACH FL 32960



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-1026326

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2006 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	3100 43RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL A	
STREET ADDRESS	3100 43RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN R	
STREET ADDRESS	3100 43RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RADFORD, PATRICIA S	
STREET ADDRESS	3100 43RD AVENUE	
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		
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		
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 exemptions contained in Section 119, 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 1-26-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #