

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000103856

**FILED  
Aug 31, 2004  
Secretary of State**

**Entity Name:** SULLIVAN SERVICES, INC.

**Current Principal Place of Business:**

117 SHARON ST  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

**Current Mailing Address:**

117 SHARON ST  
INTERLACHEN, FL 32148

**New Mailing Address:**

**FEI Number:** 59-3682120      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, JAMES E  
117 SHANNON ST  
INTERLACHEN, FL 32148

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: SULLIVAN, JAMES E  
Address: 117 SHARON ST  
City-St-Zip: INTERLACHEN, FL 32148

Title: D            ( ) Delete  
Name: SULLIVAN, DOROTHY A  
Address: 117 SHARON STREET  
City-St-Zip: INTERLACHEN, FL 32148

Title:                    ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D            ( ) Change (X) Addition  
Name: BEASLEY, BARNEY  
Address: 104 CRESTWOOD AVE  
City-St-Zip: PALATKA, FL 32177

Title: D            ( ) Change (X) Addition  
Name: SULLIVAN, ANDREW JR  
Address: 117 SHARON AVE  
City-St-Zip: INTERLACHEN, FL 32148

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES E SULLIVAN

D

08/31/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date