

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90156 019 \*\*\*150.00

<b>DOCUMENT # P00000105762</b>					
<b>1. Entity Name</b> SULLIVAN HOMES, INC.					
<b>Principal Place of Business</b> 658 NE LITTLE KAYAK PT PORT SAINT LUCIE, FL 34983			<b>Mailing Address</b> 658 NE LITTLE KAYAK PT PORT SAINT LUCIE, FL 34983		
<b>2. Principal Place of Business</b> 8442 S. FEDERAL HWY Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.			
<b>City &amp; State</b> PORT ST. LUCIE, FL Zip: 34952		<b>City &amp; State</b> City: Country:		<b>4. FEI Number</b> 65-1056781	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> SULLIVAN, KEVIN J 658 NE LITTLE KAYAK PT PORT SAINT LUCIE, FL 34983			<b>7. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT <b>NAME</b> SULLIVAN, KEVIN J <b>STREET ADDRESS</b> 658 NE LITTLE KAYAK PT <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> 8442 S. FEDERAL HWY <b>CITY-ST-ZIP</b> PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MAYS, R. DANNY <b>STREET ADDRESS</b> 14610 SW 64TH COURT <b>CITY-ST-ZIP</b> MIAMI, FL 33158	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> 19615 TRAILS END TERR <b>CITY-ST-ZIP</b> JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kevin J. Sullivan</i> <b>KEVIN J. SULLIVAN</b> 4/24/04 772-785-6502 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					