


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90035 002 \*\*\*158.75

<b>DOCUMENT # P01000023526</b> 1. Entity Name <b>SULLIVAN PROPERTIES OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>600 OAK TERRACE DR 1 LEESBURG, FL 34748</b>			Mailing Address <b>PO BOX 772228 OCALA, FL 34477</b>		
2. Principal Place of Business - No P.O. Box # <b>600 W. OAK TERRACE DR</b>			3. Mailing Address Suite, Apt. #, etc. 		
City & State <b>LEESBURG, FL</b>			City & State 		
Zip <b>34748</b>		Country 		4. FEI Number <b>59-3707598</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CINCOTTI, JOSEPH A 3300 SW 56TH AVE OCALA, FL 34474</b>				7. Name and Address of New Registered Agent Name 	
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.				Street Address (P.O. Box Number is Not Acceptable) 	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT CINCOTTI, JOSEPH A 3300 SW 56 AVE OCALA, FL 34474</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NOBLE, MICHAEL 8901 SW 8TH ST OCALA, FL 34481</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> <b>1/29/2007</b>  <small>Date</small> </div> <div style="text-align: right;"> <b>352-326-8815</b>  <small>Daytime Phone #</small> </div>					