

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023526

FILED
Mar 17, 2009
Secretary of State

Entity Name: SULLIVAN PROPERTIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

600 W. OAK TERRACE DR
LEESBURG, FL 34748

New Principal Place of Business:

600 W. OAK TERRACE DR.
LEESBURG, FL 34748

Current Mailing Address:

PO BOX 772228
OCALA, FL 34477

New Mailing Address:

FEI Number: 59-3707598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CINCOTTI, JOSEPH A
3300 SW 56TH AVE
OCALA, FL 34474 US

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: PT () Delete
Name: CINCOTTI, JOSEPH A
Address: 3300 SW 56 AVE
City-St-Zip: OCALA, FL 34474

Title: V () Delete
Name: NOBLE, MICHAEL
Address: 8901 SW 8TH ST
City-St-Zip: OCALA, FL 34481

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CINCOTTI, JOSEPH A PT
Address: 3300 SW 56 AVE
City-St-Zip: OCALA, FL 34474

Title: V (X) Change () Addition
Name: NOBLE, MICHAEL V
Address: 8901 SW 8TH ST
City-St-Zip: OCALA, FL 34481

Title: S () Change (X) Addition
Name: CINCOTTI, ELAINA S
Address: 3300 SW 56TH AVE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELAINA CINCOTTI

S

03/17/2009

Electronic Signature of Signing Officer or Director

Date