2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069896

1. Entity Name KATHLEEN J. SULLIVAN, INC.



Principal Place of Business 9158 SE BRIDGE ROAD HOBE SOUND, FL 33455 Mailing Address

9158 SE BRIDGE ROAD HOBE SOUND, FL 33455 FILED Aug 16, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07272004	No Chg-P	CR2E034 (10/03

Г	_	_					 \$8.7	5	Additional
		03-0	346	604	9_		 		Not Applicab
4. FEI Number								Applied For	

			976 VB0*.	5. Certificate	e of Status Desired	\$8.75 Addi			
	6. Name and Address of Current Reg	stered Agent							
ROBERT J. GARDENER, CPA 11891 US HIGHWAY 1 101 N. PALM BEACH, FL 33408				DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the	purpose of changing its registere	ed office or re	egistered agent, or be	oth, in the State of Flo	rida. I am familiar with,	and accept		
tue opligat	ions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE Registered	d Agent signature	required when reinstating)		DATE	<u>-</u>		
	LE NOWIII FEE IS \$150.00 ue by September 8, 2004	Election Campaign Finar Trust Fund Contribution.	icin g	\$5.00 May Be Added to Fees		vith s. 607.193(2)(b), I not receive the prior n			
10.	OFFICERS AND DIRE	CTORS							
TITLE NAME STREET ADDRESS CHY-SI-ZIP	P SULLIVAN, KATHLEEN S 5903 SE ORANGE BLOSSOM TRAII HOBE SOUND, FL 33455				08/16/04 08/16/04	0170236 -80007-004 19	50.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				1					
INLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE			
TITLE NAME				:					