2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000111056

1. Entity Name
R.G. SULLIVAN, INC.

Principal Place of Business	Mailing Address
2905 W MATTE RD AVON PARK, FL 33825	2905 W MATTE RD AVON PARK, FL 33825

01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2384281
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, ROBERT G
2905 W. MATTE RD.
AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE

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.

X SIGNATURE Toni C. Sullivan TONI C. SULLIVAN, President 1/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SULLIVAN, ROBERT G
STREET ADDRESS	2905 W. MATTE RD.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	PTD
NAME	SULLIVAN, TONI C
STREET ADDRESS	2905 W. MATTE RD.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VCD
NAME	SULLIVAN, JOHN G
STREET ADDRESS	2905 W. MATTE RD.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	SULLIVAN, ROBERT M
STREET ADDRESS	2905 W. MATTE RD.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	SUDDATH, MARIANA S
STREET ADDRESS	2905 W. MATTE RD.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	MARTIN, GRACE S
STREET ADDRESS	2905 W. MATTE RD.
CITY-ST-ZIP	AVON PARK, FL 33825

U00000608088
01/31/07-80063-009 150.00

DO NOT WRITE IN THIS SPACE

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.

X **SIGNATURE:** Toni C. Sullivan TONI C. SULLIVAN, Pres. 1/25/07 863-452-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #