
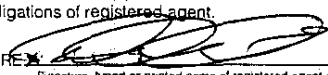
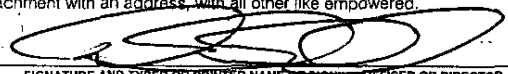


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90004 020 \*\*\*150.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # (P02000111989)</b><br>1. Entity Name<br><b>SULLIVAN AUTO SALES INC</b>  |   |  |  |    |  |
| Principal Place of Business<br><b>4103 GALL BLVD<br/>ZEPHYRHILLS, FL 33541</b>  |   |  | Mailing Address<br><b>4103 GALL BLVD<br/>ZEPHYRHILLS, FL 33541</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                          |   |  |
| City & State  |   |  | City & State   |   |  |
| Zip   |   | Country  |  | Zip   |  |
| Country   |   | Country  |  | 4. FEI Number<br><b>59-3581063</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAUGH, JAMES E<br/>3234 APFEL RD<br/>ZEPHYRHILLS, FL 33543</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>DAVID T CONTI</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>39542 RICHLAND RD</b><br>City <b>ZEPHYRHILLS</b> <b>FL</b> Zip Code <b>33540</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.<br>SIGNATURE:    |   |  |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |   |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HAUGH, JAMES E<br>3234 APFEL RD<br>ZEPHYRHILLS, FL 33543 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | DIRECTOR<br>DAVID T CONTI<br>39542 RICHLAND RD<br>ZEPHYRHILLS FLA 33540   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                | (Empty row for additions/changes)                                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                | (Empty row for additions/changes)                                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                | (Empty row for additions/changes)                                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                | (Empty row for additions/changes)                                  |   |  |
| 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. |   |  |  |   |  |
| SIGNATURE:   |   |  | 6-1-04 813-783-2658  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date Daytime Phone #   |   |  |