2004-FOR PROFIT CORPORATION

Feb 04, 2004 8:00 am ANNUAL REPORT (AR) Secretary of State **DOCUMENT # P02000120121** 1. Entity Name 02-04-2004 90038 047 ***150.00 SULLIVAN DEVELOPMENT, INC. Principal Place of Business Mailing Address 3000 NORTH MAIN STREET GAINESVILLE FL 32601 **40160020** 3000 NORTH MAIN STREET GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State 4. FEI Number Applied For City & State 22-3885722 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAYTON, JAMES E Street Address (P.O. Box Number is Not Acceptable) 111 SE FIRST AVENUE GAINESVILLE FL 32601 City Zin Code 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. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change TITI F Addition NAME SULLIVAN, ART NAME 1000 Indian Road 246 MONTEREY ROAD STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 Palm Beach, FL 33480 CITY-ST-ZIP CITY-ST-ZIP Change TITLE STD Delete TITLE Addition SULLIVAN, MELISSA NAME NAME 246 MONTEREY ROAD 1000 Indian Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Palm Beach. FL 33480 ☐ Delete Change Addition TITLE TITLE NAME SUELIVAN: DOMINIC* NAME STREET ADDRESS 3000 NORTH MAIN STREET STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32601** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 trusted 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Dominic Sullivan

FILED

☐ Change

Addition