


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90104 040 ***150.00

DOCUMENT # P03000001480	
1. Entity Name SULLIVAN SEE-CO, INC.	

Principal Place of Business 4350 QUEEN ELIZABETH WAY NAPLES FL 34119	Mailing Address P O BOX 990-998 NAPLES FL 34119
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2. Principal Place of Business SAME AS NOTED	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State	City & State
Zip	Country

4. FEI Number 59-3764167	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SULLIVAN, BUREN W 4350 QUEEN ELIZABETH WAY NAPLES FL 34119	7. Name and Address of New Registered Agent Name Buren W. Sullivan Street Address (P.O. Box Number is Not Acceptable) 4350 QUEEN ELIZABETH WAY City NAPLES FL Zip Code 34119
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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 Buren W. Sullivan <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE APRIL-02-2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SULLIVAN, BUREN W 4350 QUEEN ELIZABETH WAY NAPLES FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Buren Sullivan BUREN SULLIVAN PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE APRIL 02 2005 <small>Daytime Phone #</small>