


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90436 026 ***150.00

DOCUMENT # P03000022740 1. Entity Name SULLIVAN MOTORSPORTS, INC.	
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Principal Place of Business 3475 GORDY ROAD FORT PIERCE, FL 34945	Mailing Address 3475 GORDY ROAD FORT PIERCE, FL 34945
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04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2398118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SULLIVAN, JOHN A 3475 GORDY ROAD FORT PIERCE, FL 34945	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SULLIVAN, JOHN A 3475 GORDY ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SULLIVAN, EDWARD H 3475 GORDY ROAD FORT PIERCE, FL 34945
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**DO NOT WRITE
IN THIS SPACE**

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 another I am empowered.

SIGNATURE:  4-28-05 772-216-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #