

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000031215

1. Entity Name

SULLIVAN AIR & GROUND SERVICES, INC.



Principal Place of Business

1980 S. BROCKSMITH ROAD
FT. PIERCE, FL 34945

Mailing Address

1980 S. BROCKSMITH ROAD
FT. PIERCE, FL 34945

DO NOT WRITE IN THIS SPACE



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number

91-2188810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, MAURLEEN B
1980 S. BROCKSMITH ROAD
FT. PIERCE, FL 34945

**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.

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SULLIVAN, MAURLEEN B
STREET ADDRESS 1980 S. BROCKSMITH ROAD
CITY-ST-ZIP FT. PIERCE, FL 34945

TITLE VP
NAME SULLIVAN, CLIFTON E
STREET ADDRESS 1980 S. BROCKSMITH ROAD
CITY-ST-ZIP FT. PIERCE, FL 34945

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000945397
05/30/08-80006-015 150.00

**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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maurleen B. Sullivan Maurleen B. Sullivan 4-29-08 772-595-1958