

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 18, 2005 08:00 AM

Ch 482
Secretary of State

\$150.00

DOCUMENT # P03000043848 1. Entity Name JOHN MICHAEL SULLIVAN COMPANY	
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Principal Place of Business 481 STARBOARD LANDING AMELIA ISLAND, FL 32034-2779	Mailing Address PO BOX 16286 AMELIA ISLAND, FL 32035-3122
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1162000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, JOHN MICHAEL
481 STARBOARD LANDING
AMELIA ISLAND, FL 32034-2779**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SULLIVAN, JOHN M 481 STARBOARD LANDING AMELIA ISLAND, FL 320342779
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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 all other like empowered.

SIGNATURE: John M. Sullivan **JOHN M SULLIVAN** 1-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-556-3106