

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # P03000070041					
1. Entity Name SULLIVAN & SON, INC.					
Principal Place of Business 1616 WELLINGTON DR SEBRING, FL 33875			Mailing Address 1616 WELLINGTON DR SEBRING, FL 33875		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0581081	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SULLIVAN, LEO T 1616 WELLINGTON DR SEBRING, FL 33875				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>Leo T. Sullivan</i> Leo T. Sullivan <i>Vice Pres</i> 4/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SULLIVAN, LEO T STREET ADDRESS 1616 WELLINGTON DR CITY-ST-ZIP SEBRING, FL 33875	<input type="checkbox"/> Delete		TITLE V NAME Sullivan, Michael J STREET ADDRESS 425 N E 15th Ave CITY-ST-ZIP Cape Coral FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D P NAME Sullivan, Michael J STREET ADDRESS 425 N E 15th Ave CITY-ST-ZIP Cape Coral FL 33909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE S T NAME Sullivan, Helene M STREET ADDRESS 1616 Wellington Dr CITY-ST-ZIP Sebring FL 33875	<input type="checkbox"/> Change <input checked="" 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	
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: <i>Leo T. Sullivan</i> Leo T. Sullivan <i>4/10/05</i> (885) 585-3120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052005 Chg-P CR2E034 (10/03)