


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000070041</b> 1. Entity Name SULLIVAN & SON, INC.	
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Principal Place of Business  
1616 WELLINGTON DR  
SEBRING, FL 33875

Mailing Address  
1616 WELLINGTON DR  
SEBRING, FL 33875



03272006 No Chg-P CR2E034 (11/05)

4. FE Number 05-0581081	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SULLIVAN, LEO T  
1616 WELLINGTON DR  
SEBRING, FL 33875

**DO NOT WRITE  
IN THIS SPACE**

6. 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 self-serving) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	SULLIVAN, LEO T
STREET ADDRESS	1616 WELLINGTON DR
CITY - ST - ZIP	SEBRING, FL 33875
TITLE	DP
NAME	SULLIVAN, MICHAEL J
STREET ADDRESS	425 NE 15TH AVE
CITY - ST - ZIP	CAPE CORAL, FL 33909
TITLE	SD
NAME	SULLIVAN, HELENE M
STREET ADDRESS	1616 WELLINGTON DR
CITY - ST - ZIP	SEBRING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000498616  
04/22/06-80096-025 150.00

**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: Leo T. Sullivan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-06 (863) 385-3120  
Date Daytime Phone