

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90258 016 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000070041

1. Entity Name
SULLIVAN & SON, INC.



40097461

Principal Place of Business
**1616 WELLINGTON DR
SEBRING, FL 33875**

Mailing Address
**1616 WELLINGTON DR
SEBRING, FL 33875**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

05-0581081

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, MICHAEL J
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

FL

Zip Code

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** ☐ Delete
NAME **SULLIVAN, MICHAEL J**
STREET ADDRESS **1616 WELLINGTON DR**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **DP** ☐ Delete
NAME **SULLIVAN, MICHAEL J**
STREET ADDRESS **425 NE 15TH AVE**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

TITLE **VP** ☐ Delete
NAME **SULLIVAN, MICHAEL J**
STREET ADDRESS **1616 WELLINGTON DR**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **ST** ☐ Delete
NAME **SULLIVAN, MICHAEL J**
STREET ADDRESS **1616 WELLINGTON DR.**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Michael Sullivan

4/30/08

#941 735 1211