

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145404

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** FELTON SULLIVANT MASONRY INC.

**Current Principal Place of Business:**

136 FETTING AVENUE  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

136 FETTING AVENUE  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 20-0452840      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVANT, FELTON  
136 FETTING AVENUE  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SULLIVANT, FELTON  
Address: 136 FETTING AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VP  
Name: SULLIVANT, LABRON F  
Address: 136 FETTING AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: V  
Name: SASNETT, BRETT J  
Address: 136 FETTING AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: S  
Name: SULLIVANT, KARYN  
Address: 136 FETTING AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FELTON SULLIVANT

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date