## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000148135

Title:

Name:

Address:

City-St-Zip:

DVPL

PICKEN, BILLY

2144 HELWYN RD.

AUBURNDALE, FL 33823

() Delete

FILED Sep 24, 2004 Secretary of State

Entity Nan	ne: JAMES SU	JLLIVAN ENTERPRISES, INC	<b>&gt;</b> .				
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
6210 GREEN POND RD POLK CITY, FL 33868				138 EAGLE POINT BLVD. AUBURNDALE, FL 33823			
Current Ma	ailing Address	s:	New Maili	New Mailing Address:			
6210 GREEN POND RD POLK CITY, FL 33868			P.O. BOX 972 POLK CITY, FL 33868				
FEI Number:	20-0433374	FEI Number Applied For()	FEI Number Not App	licable()	Certificate of Status Desired (	)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	JAMES EN POND RD 7, FL 33868	US					
The above in the State		ubmits this statement for the p	ourpose of changing	its registered o	office or registered agent, or	both,	
SIGNATUR		Oissature of Devistant Assa			Dete		
Election Cam		c Signature of Registered Age  Trust Fund Contribution ( ).	ent		Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRE	CTORS:	
Title: Name: Address: City-St-Zip:	D () SULLIVAN, JAMI 6210 GREEN PO POLK CITY, FL	OND RD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () SULLIVAN, AMAI 6210 GREEN PO POLK CITY, FL	OND RD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	DVPO ( ) LINAMEN, RYAN 137 MANSEAU I WINTER HAVEN	DR.	Title: Name: Address: City-St-Zip:	DVPO (X SULLIVAN, JO 8916 GOLDEN POLK CITY, FI	GATE BLVD.		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES SULLIVAN D 09/24/2004

() Change () Addition