

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148135

FILED
Jan 26, 2006
Secretary of State

Entity Name: JAMES SULLIVAN ENTERPRISES, INC.

Current Principal Place of Business:

138 EAGLE POINT BLVD.
AUBURNDALE, FL 33823

New Principal Place of Business:

242 LAKE THOMAS DR.
WINTER HAVEN, FL 33880

Current Mailing Address:

P.O. BOX 972
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 20-0433374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, JAMES
138 EAGLE POINT RD.
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

SULLIVAN, JAMES
242 LAKE THOMAS DR.
WINTER HAVEN, FL 33880 US

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: JAMES SULLIVAN

01/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SULLIVAN, JAMES
Address: 138 EAGLE POINT BLVD.
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: SULLIVAN, AMANDA
Address: 138 EAGLE POINT BLVD.
City-St-Zip: AUBURNDALE, FL 33823

Title: DVPO () Delete
Name: SULLIVAN, JOHN L JR.
Address: 8916 GOLDEN GATE BLVD.
City-St-Zip: POLK CITY, FL 33868

Title: DVPL (X) Delete
Name: PICKEN, BILLY
Address: 2144 HELWYN RD.
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SULLIVAN, JAMES
Address: 242 LAKE THOMAS DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Change () Addition
Name: SULLIVAN, AMANDA
Address: 242 LAKE THOMAS DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: DVPO (X) Change () Addition
Name: SULLIVAN, JOHN L JR.
Address: 242 LAKE THOMAS DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: JAMES SULLIVAN

D

01/26/2006

Electronic Signature of Signing Officer or Director

Date