

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000121087

1. Entity Name
BRIAN SULLIVAN CONTRACTOR, INC.



Principal Place of Business
13 W ROYAL PALM AVE
LAKE PLACID, FL 33852

Mailing Address
13 W ROYAL PALM AVE
LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

**FILED
Feb 06, 2008 8:00 am
Secretary of State**

01-11-2008 90037 006 ***150.00

66000729



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0880983	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIELANDER, WILLIAM J
172 E. INTERLAKE BOULEVARD
LAKE PLACID, FL 33852

**DO NOT WRITE
IN THIS SPACE**

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 renaming)

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: DPST
NAME: SULLIVAN, BRIAN
STREET ADDRESS: 13 W ROYAL PALM AVE
CITY-ST-ZIP: LAKE PLACID, FL 33852

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**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: *Brian Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/08

Date Daytime Phone #