

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90340 009 ***150.00

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1. Entity Name
JAMES R. SULLIVAN, P.A.



400400-

Principal Place of Business
503 OCEAN MARINA DR
FLAGLER BEACH, FL 32136 US

Mailing Address
503 OCEAN MARINA DR
FLAGLER BEACH, FL 32136 US

2. Principal Place of Business
1 Barrister LN
Suite, Apt. #, etc.

3. Mailing Address
1 Barrister LN
Suite, Apt. #, etc.



03302006 Chg-P CR2E034 (11/05)

City & State
Palm Coast FL
Zip 32137 Country USA

City & State
Palm Coast FL
Zip 32137 Country USA

4. FEI Number
20-2982556
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANGHAUSER, MARY M
35 BARKWOOD LANE
PALM COAST, FL 32137

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, 2006 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
NAME SULLIVAN, JAMES R
STREET ADDRESS 503 OCEAN MARINA DR
CITY-ST-ZIP FLAGLER BEACH, FL 32136 ☐ Delete

TITLE SEC
NAME SULLIVAN, KATHY
STREET ADDRESS 503 OCEAN MARINA DR
CITY-ST-ZIP FLAGLER BEACH, FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1 Barrister LN
CITY-ST-ZIP PALM COAST, FL 32137 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1 Barrister LN
CITY-ST-ZIP PALM COAST, FL 32137 ☒ Change ☐ Addition

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

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

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

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: James R. Sullivan James R. Sullivan, 4/5/06 (386)439-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #