

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000089010

1. Entity Name  
SULLIVAN'S MOBILE REPAIR INC



**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
7850 COUNTY ROAD 609A  
BUSHNELL, FL 33513

Mailing Address  
7850 COUNTY ROAD 609A  
BUSHNELL, FL 33513



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5169537

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SULLIVAN, KEVIN  
7850 COUNTY ROAD 609A  
BUSHNELL, FL 33513

**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 reinstating) 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

0000000902546

04/30/08-80010-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SULLIVAN, KEVIN
STREET ADDRESS	7850 COUNTY ROAD 609A
CITY - ST - ZIP	BUSHNELL, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: Kevin Sullivan Kevin Sullivan 4-14-08 352-303-0972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #