2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90042 045 ***150.00

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03102008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000024624

1. Entity Name
G.L. SULLIVAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8615 MESSICK STREET PENSACOLA, FL 32534	8615 MESSICK STREET PENSACOLA, FL 32534

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2770 WALLACE LAKE RD	2770 WALLACE LAKE Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PACE, FLA.	City & State: PACE, FLA
Zip: 32571 / Country: USA	Zip: 32571 / Country: USA

4. FEI Number: 20-8483145 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SULLIVAN, GERALD L 8615 MESSICK STREET PENSACOLA, FL 32534	Name: Sullivan, Gerald L. Street Address (P.O. Box Number is Not Acceptable): 2770 WALLACE LAKE Rd City: PACE FL Zip Code: 32571

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] 5/18/08
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, GERALD L 8615 MESSICK STREET PENSACOLA, FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Sullivan, Gerald L. 2770 WALLACE LAKE Rd PACE, FL. 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [signature] 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #