


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000064986 1. Entity Name C & L SULLIVAN, INC.	
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Principal Place of Business 3670 NORTH ACESS ROAD SOUTH MCCALL ROAD ENGLEWOOD, FL 34224	Mailing Address 3670 NORTH ACESS ROAD SOUTH MCCALL ROAD ENGLEWOOD, FL 34224
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02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0475191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, PATRICIA L
7427 SNOW DRIVE
ENGLEWOOD, FL 34224

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 Patricia L. Sullivan DATE MARCH 10, 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, PATRICIA L 7427 SNOW DRIVE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, CHARLES 7427 SNOW DRIVE ENGLEWOOD, FL 34224
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03/14/05-80072-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia L. Sullivan DATE MARCH 10, 05 941-478-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR