# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2004 8:00 am**
**Secretary of State**
03-19-2004 90038 041 ***158.75

DOCUMENT # P93000071451

1. Entity Name
SULLIVAN-FLORIDA GROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2038 W FIRST STREET<br>#100<br>FT. MYERS, FL 33901 US | 2038 W FIRST STREET<br>#100<br>FT. MYERS, FL 33901 US |

03052004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0453086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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

BUCKINGHAM, KENLEIGH
2038 WEST FIRST STREET
#100
FT. MYERS, FL 33901

**7. Name and Address of New Registered Agent**

Name MARC C. SULLIVAN
Street Address (P.O. Box Number is Not Acceptable) 2038 W. FIRST STREET #100
City FORT MYERS FL Zip Code 33901

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 Marc C Sullivan 3-9-04
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, 2004 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 | DVPT<br>SULLIVAN, MARC C<br>2038 W FIRST STREET #100<br>FORT MYERS, FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D,P,S,T | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>BUCKINGHAM, KENLEIGH<br>2038 W FIRST STREET #100<br>FORT MYERS, FL 33901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SULLIVAN, KYLE<br>2038 W FIRST STREET #100<br>FORT MYERS, FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D,VP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CONSTANTIN, SHARON<br>2038 W FIRST STREET #100<br>FORT MYERS, FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D,VP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SULLIVAN, HAYWOOD C<br>2038 W FIRST STREET #100<br>FORT MYERS, FL 33901 | ☒ 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 |

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:** Marc C Sullivan 3-9-04 239-479-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #