


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000083898		
1. Entity Name SULLIVAN TRUCKING COMPANY, INC.		

Principal Place of Business 2635 OLSEN ROAD HAINES CITY, FL 33844 US	Mailing Address 2635 OLSEN ROAD HAINES CITY, FL 33844 US
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01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3348823	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOSEPH J. NOLAN, P.A.
1668 WILLIAMSBURG SQUARE
LAKELAND, FL 33803**

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PTDC SULLIVAN, JAMES 2635 OLSEN ROAD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSDM SULLIVAN, BARBARA 2635 OLSEN ROAD HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/24/06 80067-011 150.00

**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 another like empowered.

SIGNATURE:

James L. Sullivan
JAMES L. SULLIVAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-06

863-421-2295

Date

Daytime Phone #