

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000004289

1. Entity Name
SULLIVAN MOTORS, INC.



Principal Place of Business
**1730 SOUTHWEST COLLEGE ROAD
OCALA, FL 34474**

Mailing Address
**1730 SOUTHWEST COLLEGE ROAD
OCALA, FL 34474**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3353027

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, CHRISTOPHER
2025 SW 112TH ST
GAINESVILLE, FL 32607**

**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 (if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**P
SULLIVAN, ARTHUR P
6700 SE SOUTH MARINA WAY
STUART, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BOSTIC, WANDA
P.O BOX 760 N/A
FT WHITE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WATTS, BOBBY
8400 SW 52ND CT
OCALA, FL 34476**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATTS, MARY
8240 OXFORD DR.
HIXSON, TN 37343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SULLIVAN, BARBARA
481 MAIN ST.
WILBRAHAM, MA 01095**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000320210
04/21/05-80029-014 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #