

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90067 015 \*\*\*150.00

**DOCUMENT # P97000000024**

1. Entity Name  
**SULLIVAN INSURANCE OF NORTHWEST FLORIDA, INC.**



Principal Place of Business  
**17 RACE TRACK RD NW  
E  
FT WALTON BCH, FL 32547 US**

Mailing Address  
**17 RACE TRACK RD NW  
E  
FT WALTON BCH, FL 32547 US**

40041412



2. Principal Place of Business - No P.O. Box #  
**25 WALTER MARTIN RD**

3. Mailing Address  
**25 WALTER MARTIN RD**

Suite, Apt. #, etc.  
**102**

Suite, Apt. #, etc.  
**102**

City & State  
**FT WALTON BEACH FL**

City & State  
**FT WALTON BEACH FL**

Zip  
**32548**

Country

Zip  
**32548**

Country

02162007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3413316**

Applied For  
☐ Not Applicable

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

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

**SULLIVAN, DANIEL L  
17 RACE TRACK RD NW  
STE E  
FT WALTON BCH, FL 32547**

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

Name

Street Address (P.O. Box Number is Not Acceptable)  
**25 WALTER MARTIN ROAD**

**SUITE 102**

City  
**FT WALTON BEACH** FL Zip Code  
**32548**

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

**3-15-07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, DANIEL L	
STREET ADDRESS	45 MAGNOLIA DR	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-15-07**