

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084538

FILED
Jan 27, 2009
Secretary of State

Entity Name: SULLIVAN AUTOMOTIVE GROUP, INC.

Current Principal Place of Business:

3000 NORTH MAIN STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

12671 NW HWY 19
CHIEFLAND, FL 32626

Current Mailing Address:

12671 NW HWY 19
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 59-3604024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHRISTOPHER
3000 N MAIN STREET
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SULLIVAN, ARTHUR
Address: 1000 INDIAN RD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: BOSTIC, WANDA
Address: P.O. BOX 1059
City-St-Zip: STEINHATCHEE, FL 32359

Title: DVP () Delete
Name: SMITH, CHRISTOPHER
Address: 2504 NW 24 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: SULLIVAN, BARBARA
Address: 481 MAIN ST
City-St-Zip: WILBRAHAM, MA 01095

Title: VP () Delete
Name: SULLIVAN, SEAN
Address: 1000 INDIAN RD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: NOONAN, MOLLY
Address: 1469 N. LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA BOSTIC

DIR

01/27/2009

Electronic Signature of Signing Officer or Director

Date