

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084538

Entity Name: SULLIVAN AUTOMOTIVE GROUP, INC.

FILED  
Jan 27, 2009  
Secretary of State

**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