

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90013 043 ***150.00

DOCUMENT # V04816

1. Entity Name

MAUREEN M. SULLIVAN, P.A.



Principal Place of Business

200 SEABROOK RD.
TEQUESTA FL 33469

Mailing Address

200 SEABROOK RD.
TEQUESTA FL 33469



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0320802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, MAUREEN M.
731 N. US HIGHWAY ONE, SUITE ONE
TEQUESTA FL 33469

Name

Street Address (P.O. Box Number is Not Acceptable)

200 SEABROOK Rd.

City

FL

Zip Code

33469

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

MAUREEN M. SULLIVAN

Maureen M Sullivan

3/15/07

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
SULLIVAN, MAUREEN M.
19686 US HIGHWAY ONE, SUITE ONE
TEQUESTA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MAUREEN M. SULLIVAN ☒ Change ☐ Addition
200 SEABROOK Rd.
TEQUESTA FL 33469

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MAUREEN M. SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

Date

5617438297

Daytime Phone #