


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # V19374 1. Entity Name SULLIVAN PINE STRAW, INC.	
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Principal Place of Business 1700 NE SHADY OAK RD MAYO, FL 32066	Mailing Address 1700 NE SHADY OAK RD MAYO, FL 32066
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03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3122270	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WARFEL, TIMOTHY J 2015 CENTRE POINTE BOULEVARD TALLAHASSEE, FL 32308
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**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000112287
04/14/04-80015-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, JODY W RT. 2, BOX 22 MAYO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, DEBORAH JOANN RT. 2, BOX 22 MAYO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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: Deborah J Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04 386-294-3037
Date Daytime Phone #