


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90185 012 ***150.00

DOCUMENT # V19374 1. Entity Name SULLIVAN PINE STRAW, INC.	
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40069089



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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04162007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent Name Sullivan, Jody W Street Address (P.O. Box Number is Not Acceptable) 1700 NE Shady Oaks Rd City MAYO FL Zip Code 32066
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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 <i>Jody W. Sullivan</i>	DATE 4-16-07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: <i>Deborah J Sullivan</i>	Sec./Trea.	4-16-07	386-294-3037
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