2004 FOR PROFIT CORPORATION

FILED Feb 20, 2004 8:00 am Secretary of State 02-20-2004 90011 045 ***150.00

ANNUAL REPORT				
DOCUMENT # V37460 1. Entity Name DENNIS W. SULLIVAN & ASSOCIATES, INC.				

415 PWHST PINES DR 5. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent 2. City FL Zip Code 2. City FL Zip Code 2. City FL Zip Code 3. The above rurred entity submits this statement for the purpose of changing its registered agent square reciaed wher refressing) 2. City FL Zip Code 3. The Above rurred entity submits this statement for the purpose of changing its registered agent square reciaed wher refressing) 2. City FL Zip Code 3. The Above rurred entity submits this statement for the purpose of changing its registered agent square reciaed wher refressing) 2. City FL Zip Code 3. The Above rurred entity submits this statement for the purpose of changing its registered agent square reciaed wher refressing) 2. City FL Zip Code 3. The Above rurred entity submits this statement for the purpose of changing its registered agent square reciaed wher refressing) 3. City FL Zip Code 3. The Above rurred entit	Principal Place of Business	ES, INC.						0.00
LONGMOOD, FL 32279 ALTAMONTE SPRINGS, FL 32701 US Suite, Apt. 4, etc.		Mailing Address	•					
ALTAMONTE SPRINGS, FL 32701 US 2. Principal Place of Business 3. IL BROOKHAVEN PL. Sule, Apt. #, etc. Sule, Apt. #, etc. Sule, Apt. #, etc. City & State City & Sta	498 PALM SPRINGS DR		ΕE					
2. Principal Place of Business 3. IL BROOKHRVEN PL. Suile, Apt. 4. etc.		LONGWOOD, FL 32779		·				
Suite, Apt. 4, etc. Suite, Ap	ALIAHOMTE SI MINGS, FE 32701 03							111 H 1011
City & State City & State City & City & State City & State City & State City & City & City & City & State City &	2. Principal Place of Business		PAVEN PL	<u>.</u>				ÁTH III
Country 2	Suite, Apt. #, etc.					CR2E03	<u>'</u>	
RIGBY, BARRY W. 16 WEST PINE STREET ORLANDO, FL 32801 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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 tile if applicable. (NOTE Requirered Agent signature recuired when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P	City & State	LAKE MAR		10 1 - 11 - 11 - 11		•	No	t Applicable
Name Street Address (P.O. Box Number is Not Acceptable)			S A			,	Fee Require	
Street Address (P.O. Box Number is Not Acceptable) City	_6. Name and Address of Current R	legistered Agent	Name	7. Name and	Address of New F	Hegistered A	gent	
City FL Zip Code 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. S	RIGBY, BARRY W. 16 WEST PINE STREET ORLANDO FL. 32801			ess (P.O. Box Numb	er is Not Acceptabl	le)		
8. The above named entity submits this statement for the purpose of changing its 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 till if applicable. (NOTE Registered Agent signature required when reinstating) Part			O'th.				7th Cod	
THE HOBIgations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) Partie NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITITLE PSULLIVAN, DENNIS W. HISTANDERSS CITY-ST-ZIP LONGWOOD, FL TITLE SULLIVAN, AFVINST W. STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL TITLE SULLIVAN, MARY ANN HABE SIREET ADDRESS CITY-ST-ZIP LONGWOOD, FL TITLE SULLIVAN, MARY ANN HABE SIREET ADDRESS CITY-ST-ZIP LONGWOOD, FL TITLE SULLIVAN, MARY ANN HABE SIREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP Change Addition			, i					
Signature, typed or printed name of registered agent and till of applicable. (NOTE: Registered Agent signature required when reinstaling) DATE		the purpose of changing its re	gistered office or reg	istered agent, or bo	h, in the State of Fi	lorida. I am f	amiliar with,	and accept
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P	SIGNATURE	nd title if applicable. (NOTE: R	egistered Agent signature re	quired when reinstating)		DATE		
TITLE NAME SULLIVAN, DENNIS W. 415 TWISTING PINE CIRCLE CITY-ST-ZIP LONGWOOD, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition Addition Change Addition		Tourset Council Countrille						
NAME SULLIVAN, DENNIS W. 415 TWISTING PINE CIRCLE LONGWOOD; FL TITLE NAME STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL TITLE Delete Delete TITLE	10. OFFICERS AND D	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
STREET ADDRESS CITY-ST-ZIP LONGWOOD; FL TITLE NAME STREET ADDRESS CITY-ST-ZIP LONGWOOD; FL TITLE NAME STREET ADDRESS CITY-ST-ZIP LONGWOOD; FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP CHARGE MIARY, FL 32746 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE		☐ Delete	TITLE	Sere e erena.	1 DENINIS	S W.	Change	☐ Addition
CITY-ST-ZIP LONGWOOD, FL CITY-ST-ZIP LAKE MARY, FC 32796 TITLE V SULLIVAN, MARY ANN NAME STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL CITY-ST-ZIP LON			NAME STREET ANDRESS	SULLIVIEN	OF MAVEN	PL.		
TITLE V Delete TITLE NAME SULLIVAN, MARY ANN 416-TWISTING-PINE CIRCLE CITY-ST-ZIP CHANGE DELET ADDRESS CITY-ST-ZIP CHANGE DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE DELET TITLE DELET D			CITY-ST-ZIP	AKE MI	my FI	3279	16	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		·· , , ,		Change	☐ Addition
TITLE	NAME SULLIVAN, MARY ANN		NAME A	ARE SULLIVAN, MARCY ANNO				
TITLE			STREET ADDRESS	316 KRO	INDU FI	222	741	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE				LUTE 19	7,72	- 36		☐ Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITYE Delete TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition		L.J Delete	IIILE					
TITLE Delete TITLE Change Addition	TITLE		NAME					
NAME NAME	TITLE NAME		STREET ADDRESS					
	TITLE NAME STREET ADDRESS	Delete	STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Change	Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Change	☐ Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS .					
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ Delete -	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE				☐ Change	☐ Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	□ Delete -	STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Change	☐ Addition
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclinated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	□ Delete -	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Change	☐ Addition

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: _