


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90011 045 ***150.00

DOCUMENT # V37460 1. Entity Name DENNIS W. SULLIVAN & ASSOCIATES, INC.					
Principal Place of Business 498 PALM SPRINGS DR STE 100 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 415 TWISTING PINE CIRCLE LONGWOOD, FL 32779		
2. Principal Place of Business		3. Mailing Address 316 BROOKHAVEN PL.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAKE MARY, FL		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32746		Country USA		02182004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RIGBY, BARRY W. 16 WEST PINE STREET ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (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. <input type="checkbox"/> \$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	P SULLIVAN, DENNIS W. 415 TWISTING PINE CIRCLE LONGWOOD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, DENNIS W. 316 BROOKHAVEN PL. LAKE MARY, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, MARY ANN 415 TWISTING PINE CIRCLE LONGWOOD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARY ANN SULLIVAN, MARY ANN 316 BROOKHAVEN PLACE LAKE MARY, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby 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 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: <u>MARY ANN SULLIVAN VICE PRESIDENT</u>			2/18/04 407-804-2553		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		