

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46405

FILED
Apr 29, 2005
Secretary of State

Entity Name: SULLIVAN & COMPANY, P.A.

Current Principal Place of Business:

3637 4TH ST N
SUITE 300
ST. PETERSBURG, FL 33704

New Principal Place of Business:

3637 FOURTH STREET NORTH
SUITE 300
ST. PETERSBURG, FL 33704

Current Mailing Address:

3637 4TH ST N
SUITE 300
ST. PETERSBURG, FL 33704

New Mailing Address:

3637 FOURTH STREET NORTH
SUITE 300
ST. PETERSBURG, FL 33704

FEI Number: 59-3128735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: SULLIVAN, KEVIN M.,
Address: 3637 4TH ST N #300
City-St-Zip: ST PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: SULLIVAN, KEVIN M.,
Address: 3637 FOURTH STREET NORTH, SUITE #300
City-St-Zip: ST. PETERSBURG, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SULLIVAN, KEVIN M.

DPTS

04/29/2005

Electronic Signature of Signing Officer or Director

Date