


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # V52233
1. Entity Name
JACK COLGAN & ASSOCIATES, INC.



Principal Place of Business
2098 SWAN LANE
SAFETY HARBOR, FL 34695

Mailing Address
2098 SWAN LANE
SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3130516

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLGAN, JACK
2098 SWAN LANE
SAFETY HARBOR, FL 34695

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD COLGAN, JACK 2098 SWAN LANE SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD COLGAN, WANDA 2098 SWAN LANE SAFETY HARBOR, FL
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04/19/04-80055-011 150.00

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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: Jack Colgan Wanda Colgan 4-15-04 727-725-5182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #