

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90031 021 \*\*\*150.00

**DOCUMENT # F95000005308**

1. Entity Name  
**CORCORAN JACKSONVILLE, INC.**



Principal Place of Business

**100 GRANDVIEW RD  
SUITE 207  
BRAINTREE, MA 02184**

Mailing Address

**100 GRANDVIEW RD  
SUITE 207  
BRAINTREE, MA 02184**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132004

Chg-P

CR2E034 (10/03)

4. FEI Number

**04-3266443**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HIGH, RICHARD J  
STREET ADDRESS 212 BOLTON ROAD  
CITY-ST-ZIP HARVARD, MA 01451 ☐ Delete

TITLE TS  
NAME MURPHY, LAWRENCE J  
STREET ADDRESS 21 HERITAGE ROAD  
CITY-ST-ZIP QUINCY, MA 02169 ☐ Delete

TITLE D  
NAME CORCORAN, JOHN M  
STREET ADDRESS 100 GRANDVIEW ROAD  
CITY-ST-ZIP BRAINTREE, MA 02184 ☒ Delete

TITLE D  
NAME CORCORAN, P. LEO  
STREET ADDRESS 100 GRANDVIEW ROAD  
CITY-ST-ZIP BRAINTREE, MA 02184 ☐ Delete

TITLE AS  
NAME SJOQUIST, KAREN A  
STREET ADDRESS 100 GRANDVIEW ROAD  
CITY-ST-ZIP BRAINTREE, MA 02184 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME Corcoran, John M., Jr.  
STREET ADDRESS 100 Grandview Road  
CITY-ST-ZIP Braintree, MA 02184 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lawrence J. Murphy, Treasurer**

**2/18/04**

Date

**781-849-0011**

Daytime Phone #