


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # F95000005308 1. Entity Name CORCORAN JACKSONVILLE, INC.	
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Principal Place of Business 100 GRANDVIEW RD SUITE 207 BRAINTREE, MA 02184	Mailing Address 100 GRANDVIEW RD SUITE 207 BRAINTREE, MA 02184
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04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3266443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGH, RICHARD J 212 BOLTON ROAD HARVARD, MA 01451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MURPHY, LAWRENCE J 21 HERITAGE ROAD QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, JOHN M JR 100 GRANDVIEW ROAD BRAINTREE, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, JOHN F 100 GRANDVIEW ROAD BRAINTREE, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SJOQUIST, KAREN A 100 GRANDVIEW ROAD BRAINTREE, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80065-007-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lawrence J. Murphy Date: 4/19/07 Daytime Phone #: 781-844-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Murphy, Treasurer