2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000005308

1. Entity Name
CORCORAN JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
100 GRANDVIEW RD SUITE 207 BRAINTREE, MA 02184	100 GRANDVIEW RD SUITE 207 BRAINTREE, MA 02184

03202008 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 ☐ **$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

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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, 2008 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
TITLE	TS
NAME	MURPHY, LAWRENCE J
STREET ADDRESS	21 HERITAGE ROAD
CITY-ST-ZIP	QUINCY, MA 02169
TITLE	D
NAME	CORCORAN, JOHN M JR
STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	D
NAME	CORCORAN, JOHN F
STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	AS
NAME	SJOQUIST, KAREN A
STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/08-80061-015 150.00

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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: _____ 3/21/08 781-849-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #