

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005644 1. Entity Name CORCORAN MANAGEMENT COMPANY, INC.	
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Principal Place of Business 100 GRANDVIEW RD #207 BRAintree, MA 02184	Mailing Address 100 GRANDVIEW RD #207 BRAintree, MA 02184
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2661810	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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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

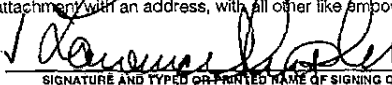
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MURPHY, LAWRENCE J 100 GRANDVIEW RD BRAintree, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SJOQUIST, KAREN A 100 GRANDVIEW RD BRAintree, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, JR JOHN M 100 GRANDVIEW RD BRAintree, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, THOMAS M 100 GRANDVIEW RD BRAintree, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, LEO J 100 GRANDVIEW RD BRAintree, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, JOHN F 100 GRANDVIEW RD BRAintree, MA 02184

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02/01/05-80083-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Lawrence J. Murphy, Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 **781-849-0011**
Date Daytime Phone #