

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # G20410

1. Entity Name  
JOHN HAGAN & ASSOCIATES, INC.



Principal Place of Business  
7469 NORTHWEST FOURTH ST.  
C/O JOHN HAGAN  
PLANTATION, FL 33317

Mailing Address  
7469 NORTHWEST FOURTH ST.  
C/O JOHN HAGAN  
PLANTATION, FL 33317

FILED

04 MAR -4 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2255412

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HAGAN, JOHN T.  
7469 NORTHWEST FOURTH ST.  
PLANTATION, FL 33317

**DO NOT WRITE  
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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HAGAN, JOHN T.  
7469 NW FOURTH ST.  
PLANTATION, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
HAGAN, JOHN T.  
7469 NW FOURTH ST.  
PLANTATION, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600030383166  
03/12/04--01050--005 \*\*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 or without power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. HAGAN

January 19, 2004 954-583-4801

Date

Daytime Phone #

JOHN HAGAN ASSOCIATES, INC.

REAL ESTATE APPRAISERS • CONSULTANTS

7469 NORTHWEST FOURTH STREET • PLANTATION, FLORIDA 33317 • (954) 583 - 4801 • FAX: (954) 792 - 2424

February 19, 2004

Tyrone Scott  
Document Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Corporate Annual Report  
G20410

Dear Mr. Scott:

Following your instructions, I am enclosing the above-referenced report which was returned to our office with a letter stating that no check had been enclosed. In fact, a check had been enclosed and apparently was lost. I have voided the earlier check, number 8739 dated January 16, 2004.

I am stapling both the check and the form to this letter to assure that they are not separated in transit. I would appreciate your confirming that our report has been processed.

Thank you for your assistance in this matter.

Sincerely,



Estelle Nemoy  
Office Manager

Enc.

