

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90666 035 \*\*\*150.00

**DOCUMENT # G95499**

1. Entity Name

**BROGAN ENTERPRISES, INC.**



Principal Place of Business

**411 N.E. FPL DRIVE  
PORT ST. LUCIE FL 34952**

Mailing Address

**PO BOX 880485  
PORT SAINT LUCIE FL 34988-0485  
US**

2. Principal Place of Business

**4175 SE ST. LUCIE BLVD**

3. Mailing Address

**4175 SE ST. LUCIE BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**STUART, FLORIDA**

City & State

**STUART, FLORIDA**

Zip

**34997**

Country

**USA**

Zip

**34997**

Country

**USA**

4. FEI Number

**59-2390086**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

**BROGAN, JOHN D  
411 N.E. FPL DRIVE  
PORT ST. LUCIE FL 34986**

7. Name and Address of New Registered Agent

Name **BROGAN, JOHN D.**

Street Address (P.O. Box Number is Not Acceptable)

**4175 SE ST. LUCIE BLVD.**

City **STUART,**

**FL**

Zip Code

**34997**

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]*

**JOHN D. BROGAN PRESIDENT**

**4-8-2004**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **BROGAN, JOHN D.**  
STREET ADDRESS **4175 SE ST. LUCIE BLVD**  
CITY-ST-ZIP **STUART F**

TITLE **D** ☐ Delete  
NAME **BROGAN, BARBARA A.**  
STREET ADDRESS **4175 SE ST LUCIE BLVD**  
CITY-ST-ZIP **STUART FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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]* **JOHN D. BROGAN PRESIDENT**

**4-08-2004**

**772-781-4528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #