

**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 .Mailing Address  
**411 N.E. FPL DRIVE** **PO BOX 880485**  
**PORT ST. LUCIE FL 34952** **PORT SAINT LUCIE FL 34988-0485**  
**US**

2. Principal Place of Business 3. Mailing Address  
**4175 SE ST. LUCIE BLVD** **4175 SE ST. LUCIE BLVD.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**S.**

City & State City & State  
**STUART, FLORIDA** **STUART, FLORIDA**  
 Zip Country Zip Country  
**34997 USA** **34997 USA**



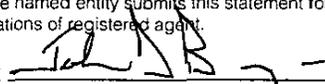
MOORE CR2E034 (11/03)

4. FEI Number **59-2390086** Applied For  
 Not Applicable

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

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  **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 NAME STREET ADDRESS CITY-ST-ZIP	DP BROGAN, JOHN D. 4175 SE ST. LUCIE BLVD STUART F	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROGAN, BARBARA A. 4175 SE ST LUCIE BLVD STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JOHN D. BROGAN PRESIDENT** **4-08-2004** **772-781-4528**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #