

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90068 020 \*\*\*158.75

**DOCUMENT # K74500**

1. Entity Name  
**JOHN STEVEN CARRAN, INC.**



Principal Place of Business  
**% JOHN STEVEN CARRAN  
13748 51ST PLACE NORTH  
ROYAL PALM BEACH, FL 33411**

Mailing Address  
**% JOHN STEVEN CARRAN  
13748 51ST PLACE NORTH  
ROYAL PALM BEACH, FL 33411**



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0110279**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARRAN, JOHN STEVEN  
13748 51ST PLACE NORTH  
ROYAL PALM BEACH, FL**

**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 *NA*  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>PVTB - President, Director</b>
NAME	<b>CARRAN, JOHN S</b>
STREET ADDRESS	<b>13748 51ST PLACE NORTH</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 334118162</b>
TITLE	<b>S - TREASURER</b>
NAME	<b>CARRAN, SUSAN A</b>
STREET ADDRESS	<b>13748 51ST PLACE NORTH</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 334118162</b>
TITLE	<b>VICE president</b>
NAME	<b>MATTHEW S CARRAN</b>
STREET ADDRESS	<b>13748 51ST PLACE NORTH</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH - FL - 33411-8162</b>
TITLE	<b>SECRETARY</b>
NAME	<b>JESSICA L CARRAN</b>
STREET ADDRESS	<b>13748 51ST PLACE NORTH</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH - FL - 33411-8162</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *John Steven Carran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 18 2006 1561790-6920  
Date Daytime Phone #