


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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
---	---



03132007 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 <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARRAN, JOHN S 13748 51ST PLACE NORTH ROYAL PALM BEACH, FL 334118162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARRAN, SUSAN A 13748 51ST PLACE NORTH ROYAL PALM BEACH, FL 334118162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARRAN, MATTHEW S 13748 51TH PLACE NORTH ROYAL PALM BEACH, FL 334118162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARRAN, JESSICA L 13748 51TH PLACE NORTH ROYAL PALM BEACH, FL 334118162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000672618
03/28/07-80076-016 158.75

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 **03-16-07** **(561) 790-6920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #