

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 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



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0110279

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**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000865547  
04/07/08-80033-004 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CARRAN, JOHN S  
STREET ADDRESS 13748 51ST PLACE NORTH  
CITY- ST- ZIP ROYAL PALM BEACH, FL 334118162

TITLE T  
NAME CARRAN, SUSAN A  
STREET ADDRESS 13748 51ST PLACE NORTH  
CITY- ST- ZIP ROYAL PALM BEACH, FL 334118162

TITLE V  
NAME CARRAN, MATTHEW S  
STREET ADDRESS 13748 51TH PLACE NORTH  
CITY- ST- ZIP ROYAL PALM BEACH, FL 334118162

TITLE S  
NAME CARRAN, JESSICA L  
STREET ADDRESS 13748 51TH PLACE NORTH  
CITY- ST- ZIP 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**

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 or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08 (561) 790-6920  
Date Daytime Phone #