

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 036 ***550.00

DOCUMENT # P00000003739



1. Entity Name
CORCORAN & CORCORAN, P.A.

Principal Place of Business: 538 N. CITRUS AVE. CRYSTAL RIVER, FL 34428
 Mailing Address: 538 N. CITRUS AVE. CRYSTAL RIVER, FL 34428

54059915



07012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3620010		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent ROBERT J. ESQ. CORCORAN, RICHARD M. ESQ. 538 N. CITRUS AVE. CRYSTAL RIVER, FL 34428				7. Name and Address of New Registered Agent Name: ROBERT J. CORCORAN Street Address (P.O. Box Number is Not Acceptable): 538 N. CITRUS AVE. City: CRYSTAL RIVER FL Zip Code: 34428			
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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: *Robert J. Corcoran*, PRESIDENT DATE: 7/1/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORCORAN, RICHARD M			NAME			
STREET ADDRESS	538 N CITRUS AVE			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORCORAN, ROBERT			NAME	CORCORAN, ROBERT		
STREET ADDRESS	538 N CITRUS AVE			STREET ADDRESS	538 N. CITRUS AVE.		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428			CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORCORAN, ANNE			NAME			
STREET ADDRESS	538 N CITRUS AVE			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Robert J. Corcoran* DATE: 7/1/04 (352) 564-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR