

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-06-2004 90004 036 ***550.00

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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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3620010

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT J. ESA
CORCORAN, RICHARD M. ESA
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/04

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **CORCORAN, RICHARD M**
STREET ADDRESS **538 N CITRUS AVE**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **VP** ☒ Delete
NAME **CORCORAN, ROBERT**
STREET ADDRESS **538 N CITRUS AVE**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **T** ☒ Delete
NAME **CORCORAN, ANNE**
STREET ADDRESS **538 N CITRUS AVE**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/T** ☒ Change ☐ Addition
NAME **CORCORAN, ROBERT**
STREET ADDRESS **538 N. CITRUS AVE.**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04 **(352)564-1600**

DATE

Daytime Phone #