

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90081 024 ***150.00

DOCUMENT # P01000116352

1. Entity Name
RICHARD FAGAN ASSOCIATES, INC.



Principal Place of Business
**7120 LOMBARDY STREET
BOYNTON BEACH, FL 33437**

Mailing Address
**7120 LOMBARDY STREET
BOYNTON BEACH, FL 33437**

20063827



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0593911

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FAGAN, RICHARD E
7120 LOMBARDY STREET
BOYNTON BEACH, FL 33437**

**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 \$650.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAGAN, RICHARD E
7120 LOMBARDY STREET
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAGAN, SARALYN
7120 LOMBARDY STREET
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Richard Fagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-2005

561-736-6699

DATE

DAYTIME PHONE

RICHARD FAGAN ASSOCIATES, INC.

7120 Lombardy Street
Boynton Beach, Florida 33437
781-963-0952

ATTACHMENT

20063827

P01000116352

July 6, 2005

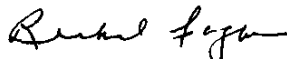
Florida Department of State
Divisions of Corporations
P.O. Box 6198
Tallahassee, FL 32314

RE: 2005 Annual Report
Taxpayer ID#: 01-0593911

To Whom it May Concern:

This letter is in response to a notice we received regarding our Annual Report. It states that we owe a penalty of \$400.00 for failure to file our 2005 Annual Report. I never received an Annual Report to file by the deadline therefore I hope you will waive this penalty. As you can see, my Annual Reports were always filed timely in the past. I have enclosed my 2005 Annual Report with a check for \$150.00. If I can be of further assistance regarding this matter please do not hesitate to call me.

Sincerely,



Richard Fagan, President