


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90023 008 ***158.75

DOCUMENT # P02000025712 1. Entity Name KAGAN, INC.	
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Principal Place of Business 1603 REGAN AVE ORLANDO, FL 32807	Mailing Address 355 PLAZA DRIVE EUSTIS, FL 32726
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2. Principal Place of Business 1350 S. HWY. 17-92	3. Mailing Address 1350 S HWY 1792
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LONGWOOD FL	City & State LONGWOOD FL
Zip 32760	Zip 32750
Country USA	Country USA



03172004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0630137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINZ, DUANE A 355 PLAZA DRIVE EUSTIS, FL 32726	
7. Name and Address of New Registered Agent Name KAGAN BEYAZ Street Address (P.O. Box Number is Not Acceptable) 1350 S HWY 17-92 City LONGWOOD FL Zip Code 32750	

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  **KAGAN BEYAZ** **3-4-04**
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEYAZ, KAGAN 1603 REGAN AVE ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAGAN BEYAZ 1350 S HWY 1792 LONGWOOD FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **KAGAN BEYAZ** **3-4-04** **3212283510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #