


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2004 90042 001 ***150.00

DOCUMENT # P03000115151	
1. Entity Name KYRAN J. MCGOWAN, PA	

Principal Place of Business 1711 E. LAS OLAS BLVD, #6 FT. LAUD, FL 33301	Mailing Address 1711 E. LAS OLAS BLVD, #6 FT. LAUD, FL 33301
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2. Principal Place of Business 740 S. FEDERAL Hwy Suite, Apt. #, etc. # 407	3. Mailing Address 740 S. FEDERAL Hwy Suite, Apt. #, etc. # 407
City & State POMPANO BEACH, FL.	City & State POMPANO BEACH, FL
Zip 33062	Country USA
Zip 33062	Country USA

03162004 Chg-P CR2E034 (10/03)

4. FEI Number 542128954		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCGOWAN, KYRAN 1711 E. LAS OLAS BLVD, #6 FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name MCGOWAN, KYRAN Street Address (P.O. Box Number is Not Acceptable) 740 S. FEDERAL Hwy., #407 City POMPANO BEACH FL Zip Code 33062

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, 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	D MCGOWAN, KYRAN J 1711 E. LAS OLAS BLVD, #6 FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 740 S. FEDERAL Hwy # 407 POMPANO BEACH, FL - 33062
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
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: KYRAN MCGOWAN *Kyrán McGowan* **3/17/04** **954-873-7094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #