2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017232

Entity Name: THE CORCORAN COMPANIES, INC.

FILED Mar 11, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

360 CROWN OAK CENTRE DR 410 CROWN OAK CENTRE DR LONGWOOD, FL 32750 LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

360 CROWN OAK CENTRE DR 410 CROWN OAK CENTRE DR LONGWOOD, FL 32750 LONGWOOD, FL 32750

FEI Number: 20-2270257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORCORAN, GEORGE L CORCORAN, GEORGE L 360 CROWN OAK CENTRE DRIVE 410 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750 LONGWOOD, FL 32750

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.

SIGNATURE: 03/11/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

() Delete Title: (X) Change () Addition CORCORAN, GEORGE L Name: CORCORAN, GEORGE L 360 CROWN OAK CENTRE DR 410 CROWN OAK CENTRE DR Address:

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

DV Title: DV Title: (X) Change () Addition () Delete CORCORAN, JANE Name: CORCORAN, JANE Name:

360 CROWN OAK CENTRE DRIVE 410 CROWN OAK CENTRE DRIVE Address: Address:

LONGWOOD, FL 32750 LONGWOOD, FL 32750 City-St-Zip: City-St-Zip:

Title: Title:

(X) Change () Addition () Delete LAWLOR, ELIZABETH Y Name: LAWLOR, ELIZABETH Y Name:

360 CROWN OAK CENTRE DRIVE Address: 410 CROWN OAK CENTRE DRIVE Address:

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH Y. LAWLOR 03/11/2008 S