

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90035 027 \*\*\*150.00

DOCUMENT # P05000159366

1. Entity Name

L. FAGAN ENTERPRISES INC.



Principal Place of Business

1795 CARLTON STREET  
MERRITT ISLAND FL 32953

Mailing Address

1795 CARLTON STREET  
MERRITT ISLAND FL 32953



2. Principal Place of Business - No P.O. Box #

401 Delannoy Ave

Suite, Apt. #, etc.

Cocoa, Fla

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3970284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

32922

Country

Brevard

Zip

Country

6. Name and Address of Current Registered Agent

FAGAN, LINDA  
1795 CARLTON STREET  
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FAGAN, LINDA	
STREET ADDRESS	1795 CARLTON STREET	
CITY ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEPHAN, TROY	
STREET ADDRESS	411 MAGNOLIA AVE.	
CITY ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Linda Fagan

Linda Fagan

3/6/07 (31) 447-0235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #