


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90195 045 \*\*\*158.75

<b>DOCUMENT # P06000008943</b> 1. Entity Name <b>GEORGE CORCORAN, INC.</b>					
Principal Place of Business <b>1133 PARISTINE PLACE LUTZ, FL 33549</b>			Mailing Address <b>1133 PARISTINE PLACE LUTZ, FL 33549</b>		
2. Principal Place of Business - No P.O. Box # <b>1133 PRISTINE PL</b>		3. Mailing Address <b>1133 PRISTINE PL</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LUTZ FL</b>		City & State <b>LUTZ FL</b>		4. FEI Number <b>26-0134785</b>	
Zip <b>33549</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>33549</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORCORAN, GEORGE 1133 PARISTINE PLACE LUTZ, FL 33549</b>				7. Name and Address of New Registered Agent Name <b>CORCORAN, GEORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1133 PRISTINE PL</b> City <b>LUTZ FL</b> <b>FL</b> Zip Code <b>33549</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORCORAN, GEORGE 1133 PARISTINE PLACE LUTZ, FL 33549		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/25/07 813 404 408</b> <small>Date Daytime Phone #</small>		