

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P07315**

1. Entity Name  
**JOHN M. CORCORAN DEVELOPMENT, INC.**



Principal Place of Business  
**100 GRANDVIEW RD  
SUITE 207  
BRAintree, MA 02184 US**

Mailing Address  
**100 GRANDVIEW RD  
SUITE 207  
BRAintree, MA 02184 US**



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number **04-2882740** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM,  
1201 HAYS STREET  
STE. 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CORCORAN, JOHN M JR.
STREET ADDRESS	100 GRANDVIEW RD
CITY-STATE-ZIP	BRAintree, MA 02184
TITLE	D
NAME	CORCORAN, JOHN F
STREET ADDRESS	100 GRANDVIEW RD
CITY-STATE-ZIP	BRAintree, MA 02184
TITLE	ST
NAME	MURPHY, LAWRENCE J
STREET ADDRESS	100 GRANDVIEW RD
CITY-STATE-ZIP	BRAintree, MA 02184
TITLE	P
NAME	HIGH, RICHARD J.
STREET ADDRESS	100 GRANDVIEW ROAD
CITY-STATE-ZIP	BRAintree, MA 02184
TITLE	AS
NAME	SJOQUIST, KAREN A
STREET ADDRESS	100 GRANDVIEW ROAD
CITY-STATE-ZIP	BRAintree, MA 02184
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *Lawrence J. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/29/06*  
Date

*781-849-0011*  
Daytime Phone #