2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
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

04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2882740
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2007 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-ST-ZIP	BRAINTREE, MA 02184
TITLE	D
NAME	CORCORAN, JOHN F
STREET ADDRESS	100 GRANDVIEW RD
CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	ST
NAME	MURPHY, LAWRENCE J
STREET ADDRESS	100 GRANDVIEW RD
CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	P
NAME	HIGH, RICHARD J.
STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	AS
NAME	SJOQUIST, KAREN A
STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80131-004 500.00

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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: _____ 4/9/07 781-849-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lawrence J. Murphy Treasurer