

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90713 007 \*\*\*150.00

**DOCUMENT # P93000060389**

1. Entity Name  
**JOHN MURNANE, INC.**



Principal Place of Business  
**800 CYPRESS POINTE DRIVE EAST  
PEMBROKE PINES, FL 33027**

Mailing Address  
**800 CYPRESS POINTE DRIVE EAST  
APT. 102  
PEMBROKE PINES, FL 33027**

**J4010303**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0434204**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAKLER, HUGH S.  
1636 SW 148TH TERR  
PEMBROKE PINES, FL 33027**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MURNANE, JOHN J JR**  
STREET ADDRESS **800 CYPRESS POINTE DRIVE EAST**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **CHAKLER, HUGH S**  
STREET ADDRESS **1636 SW 148TH TERRACE**  
CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROGERS, JOHN**  
STREET ADDRESS **1020 PORT ORANGE COURT**  
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MURNANCE, PATRICIA ANN**  
STREET ADDRESS **4643 NAVASSA LANE**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2159 HARCANS RUN**  
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **D** ☐ Delete  
NAME **MURNANCE, JOHN**  
STREET ADDRESS **5733 DEAUVILLE CIRCLE APT G304**  
CITY-ST-ZIP **NAPLES, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MURNANCE, GERALDINE**  
STREET ADDRESS **5733 DEAUVILLE CIRCLE G-304**  
CITY-ST-ZIP **NAPLES, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04**

Date

**305-271-2828**

Daytime Phone #