

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90056 001 ***300.00

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1. Entity Name
KAGAN, JUGAN BUILDING CORPORATION

Principal Place of Business
**2745 SWAMP CABBAGE COURT STE 305
FT MYERS, F; 33901**

Mailing Address
**2745 SWAMP CABBAGE COURT STE 305
FT MYERS, F; 33901**

DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3412015

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAGAN, JOHN C
2745 SWAMP CABBAGE COURT STE 305
FT MYERS, FL 33901**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KAGAN, JOHN C
STREET ADDRESS 6981 LAKE DEVONWOOD DR
CITY-ST-ZIP FT MYERS, FL 33908

TITLE STD
NAME JUGAN, MICHAEL M
STREET ADDRESS 15381 RIVER BY ROAD
CITY-ST-ZIP FT MYERS, FL 33908

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, without other life empowered.

SIGNATURE:

Michael M. Jugan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04
Date

239-934-6778
Daytime Phone #