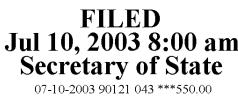
	R PROFIT CORPO BUSINESS REPO	,-
DOCUMENT # 1. Entity Name FAGAN FOUR, INC.	P97000089791	



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FAGANIF	oon, inc.			
1857 WELLS F STE 6 ORANGE PARK US	< FL 32257	Mailing Address 1857 WELLS RD STE 6 ORANGE PARK FL 32257 US		
2. Principal P	Place of Business	3. Mailing Address		1 10011001 119 10111 10011 90111 00111 40111 00111 (0110 1011) 10111 10010 10101 1101
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	e	City.&.State		4. FEI Number 59-3016155 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
5404W B	1011100 D		Name	
FAGAN, RICHARD R 3408 NORTH FAIRBANKS GRANT ROAD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
JACKSON	VILLE FL 32223		City	<b>⊏</b> ∎ Zip Code
	named entity submits this statement folions of registered agent.	or the purpose of changing its	s registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature req	uired when reinstating) DATE
. After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	ST FAGAN, RICHARD R. 3408 FAIRBANKS GRANT RD JACKSONVILLE FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE  NAME  STREET ADDRESS- CITY-ST-ZIP	P FAGAN, JANTONETTA 4408 PEPPER MILL-PL- JACKSONVILLE FL 32257	☐ Delete	TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	certify that the information supplied with on this report or supplemental report i	n this filing does not qualify fo s true and accurate and that r	B	Section 119.07(3)(i), Florida Statutes. I further certify that the information as ame legal effect as if made under oath; that I am an officer or director of the control o