


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V10857</b> 1. Entity Name J.M. CARRIGAN CORPORATION	
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Principal Place of Business 6464 PINE AVENUE SANIBEL, FL 33957	Mailing Address 6464 PINE AVENUE SANIBEL, FL 33957
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0305709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CARRIGAN, REBECCA  
6464 PINE AVENUE  
SANIBEL, FL 33957

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRIGAN, JOHN M. 6464 PINE AVENUE SANIBEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRIGAN, JOHN M. JR. 6464 PINE AVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRIGAN, JAMES M. 6464 PINE AVENUE SANIBEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARRIGAN, REBECCA G. 6464 PINE AVE. SANIBEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRIGAN, JOSEPH M 6464 PINE AVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000055303  
02/17/04-80033-023 150.00

**DO NOT WRITE 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, with all other like empowered.

SIGNATURE: 	1/10/04 (239) 334-1807 #17
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>