


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90209 029 ***150.00

DOCUMENT # V10857	
1. Entity Name J.M. CARRIGAN CORPORATION	
	
Principal Place of Business 6464 PINE AVENUE SANIBEL, FL 33957	Mailing Address 6464 PINE AVENUE SANIBEL, FL 33957



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0305709	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

CARRIGAN, REBECCA
6464 PINE AVENUE
SANIBEL, FL 33957

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, 2008 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	CARRIGAN, JOHN M.
STREET ADDRESS	6464 PINE AVENUE
CITY-ST-ZIP	SANIBEL, FL
TITLE	VD
NAME	CARRIGAN, JOHN M. JR.
STREET ADDRESS	6464 PINE AVE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VD
NAME	CARRIGAN, JAMES M.
STREET ADDRESS	6464 PINE AVENUE
CITY-ST-ZIP	SANIBEL, FL
TITLE	ST
NAME	CARRIGAN, REBECCA G.
STREET ADDRESS	6464 PINE AVE.
CITY-ST-ZIP	SANIBEL, FL
TITLE	VD
NAME	CARRIGAN, JOSEPH M
STREET ADDRESS	6464 PINE AVE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John M. Carrigan Rebecca G. Carrigan 2/6/08 239 334-1801