


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L66910 1. Entity Name FAGAN CONSTRUCTION, INC.	
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Principal Place of Business 934 W MAXILIAN PL DUNNELLON, FL 34434 US	Mailing Address 934 W MAXILIAN PL DUNNELLON, FL 34434 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0196879	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

FAGAN, KERRY B
 934 W MAXIMILIAN PL
 DUNNELLON, FL 34434

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FAGAN, KERRY B.
STREET ADDRESS	10435 N BIG BASSTRAIL
CITY-ST-ZIP	DUNNELLON, FL 34434
TITLE	T
NAME	FAGAN, KEVIN S.
STREET ADDRESS	11411 CAMP DR
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	V
NAME	FAGAN, LINDA J
STREET ADDRESS	10765 N. WISE OWL PT.
CITY-ST-ZIP	DUNNELLON, FL 34434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/21/05-80053-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 1-17-05 352-489-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #