


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90460 003 \*\*\*150.00

**DOCUMENT # L66910**

1. Entity Name  
**FAGAN CONSTRUCTION, INC.**



Principal Place of Business  
~~10899 N. QUARRY DR.~~  
**DUNNELLON FL 34434**  
US

Mailing Address  
~~10899 N. QUARRY DR.~~  
**DUNNELLON FL 34434**  
US



2. Principal Place of Business  
**934 W. MAXIMILIAN PL**  
Suite, Apt. #, etc.

3. Mailing Address  
**934 W. MAXIMILIAN PL**  
Suite, Apt. #, etc.

City & State  
**DUNNELLON, FL**

City & State  
City & State

Zip  
**34434** Country

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0196879** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FAGAN, KERRY B**  
**10899 N QUARRY DR**  
**DUNNELLON FL 34434**

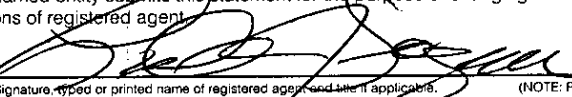
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**934 W. MAXIMILIAN PL**

City **FL** Zip Code

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 **3-14-03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>FAGAN, KERRY B.</b>
STREET ADDRESS	<b>10039 N. PIONEER PT.</b>
CITY-ST-ZIP	<b>DUNNELLON FL 33424</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>FAGAN, KEVIN S.</b>
STREET ADDRESS	<b>11411 CAMO DR</b>
CITY-ST-ZIP	<b>DUNNELLON FL 34932</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>FAGAN, LINDA J.</b>
STREET ADDRESS	<b>10765 N. WISE OWL PT.</b>
CITY-ST-ZIP	<b>DUNNELLON FL 34434</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KACAD, KERRY B</b>
STREET ADDRESS	<b>10435 N. BIG BASSTRAIL</b>
CITY-ST-ZIP	<b>DUNNELLON, FL 34434</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMP DR.</b>
STREET ADDRESS	<b>= 34432</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE **3-14-03** DAYTIME PHONE # **352-489-7630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)