

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90196 001 \*\*\*150.00

DOCUMENT # P00000108097



1. Entity Name  
 PACARAN CORP.

Principal Place of Business  
 9020 RANCHO DEL RIO DR., #122  
 NEW PORT RICHEY, FL 34655

Mailing Address  
 9020 RANCHO DEL RIO DR.; #122  
 NEW PORT RICHEY, FL 34655



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3687130

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARD, CAROL A  
 9020 RANCHO DEL RIO DR., #122  
 NEW PORT RICHEY, FL 34655

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DST BEARD, CAROL A	<input type="checkbox"/> Delete
STREET ADDRESS	9020 RANCHO DEL RIO DR., #122	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE NAME	DP TAYLOR, PAUL T	<input type="checkbox"/> Delete
STREET ADDRESS	9020 RANCHO DEL RIO DR., #122	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE NAME	DV GANT, RANDY A	<input type="checkbox"/> Delete
STREET ADDRESS	9020 RANCHO DEL RIO DR., #122	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Carol A. Beard Carol A. Beard 4-26-04 (727) 494-1005  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #