

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001676

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: THE HOGAN MARINE GROUP, INC.

**Current Principal Place of Business:**

PO BOX 3749  
PLANT CITY, FL 335630013

**New Principal Place of Business:**

4609 REECE ROAD  
PLANT CITY, FL 33566

**Current Mailing Address:**

PO BOX 3749  
PLANT CITY, FL 335630013

**New Mailing Address:**

FEI Number: 59-3689218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEAMBROSE, SHERWOOD J  
2607 LAKEVIEW WAY  
PLANT CITY, FL 33566 US

**Name and Address of New Registered Agent:**

DEAMBROSE, SHERWOOD J  
12145 STONELAKE RANCH BLVD.  
THONOTOSASSA, FL 33592 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/24/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: DEAMBROSE, SHERWOOD J  
Address: 2847 HAMMOCK  
City-St-Zip: PLANT CITY, FL 33566

Title: S ( ) Delete  
Name: LEWIS, SAMANTHA D  
Address: 1505 CROOKED STICK DR  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: DEAMBROSE, SHERWOOD J  
Address: 12145 STONELAKE RANCH BLVD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMANTHA D. LEWIS

Electronic Signature of Signing Officer or Director

S

04/24/2007

Date