

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507800

Entity Name: HOGAN LANE DAY CARE, INC.**Current Principal Place of Business:**8019 HOGAN COVE DRIVE
JACKSONVILLE, FL 32221**Current Mailing Address:**8019 HOGAN COVE DRIVE
JACKSONVILLE, FL 32221 US**FEI Number:** 59-1679936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOGAN, SHARON DPD
8028 HOGAN COVE DRIVE
JACKSONVILLE, FL 32221 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_____
Date**Officer/Director Detail :**

Title	S
Name	HOGAN, TODD W.
Address	8011 HOGAN COVE DR
City-State-Zip:	JACKSONVILLE FL 32221

Title	PD
Name	HOGAN, SHARON
Address	8028 HOGAN COVE DR
City-State-Zip:	JACKSONVILLE FL 32221

Title	VP
Name	LITWIN, AMY HVP
Address	8020 HOGAN COVE DR
City-State-Zip:	JACKSONVILLE FL 32221

Title	T
Name	LITWIN, AMY HOGAN
Address	8020 HOGAN COVE DRIVE
City-State-Zip:	JACKSONVILLE FL 32221

I hereby 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 all other like empowered.

SIGNATURE: SHARON D. HOGAN**PRESIDENT****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date