

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000100878

Entity Name: HOGAN INSURANCE SERVICES, INC

Current Principal Place of Business:

4619 TRAILS DR.
SARASOTA, FL 34232

Current Mailing Address:

4619 TRAILS DR.
SARASOTA, FL 34232 US

FEI Number: 27-4273534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOGAN, JACKIE
4619 TRAILS DR.
SARASOTA, FL 34232 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 P
Name HOGAN, JACKIE
Address 4619 TRAILS DR
City-State-Zip: SARASOTA FL 34232

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: JACKIE HOGAN

PRESIDENT

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date