


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 456298 1. Entity Name HOGAN ENTERPRISES, INC.	
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Principal Place of Business 6701 GREEN DOLPHIN ST. FT. PIERCE, FL 34951	Mailing Address 6701 GREEN DOLPHIN ST. FT. PIERCE, FL 34951
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02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1546631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOGAN, JAMES K 6701 GREEN DOLPHIN ST. FT. PIERCE, FL 34951

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IN THIS SPACE**

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 James K Hogan PRES
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOGAN, JAMES K 6701 GREEN DOLPHIN ST FT. PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOGAN, SALLY L 6701 GREEN DOLPHIN ST FT. PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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03/14/05-80083-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James K Hogan PRES 3/14/05 712-465-1502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #