

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 015 ***150.00

DOCUMENT # 456298

1. Entity Name

HOGAN ENTERPRISES, INC.



Principal Place of Business

6701 GREEN DOLPHIN ST.
FT. PIERCE FL 34951

Mailing Address

6701 GREEN DOLPHIN ST.
FT. PIERCE FL 34951



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2nd MOORE

CR2E034 (4/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1546631

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOGAN, JAMES K
6701 GREEN DOLPHIN ST.
FT. PIERCE FL 34951

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 is not acceptable)

(NOTE: Registered agent is not required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☐

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	HOGAN, JAMES K	
STREET ADDRESS	6701 GREEN DOLPHIN ST	
CITY- ST- ZIP	FT. PIERCE FL 34951	
TITLE	VS	☐ Delete
NAME	HOGAN, SALLY L	
STREET ADDRESS	6701 GREEN DOLPHIN ST	
CITY- ST- ZIP	FT. PIERCE FL 34951	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/08

Date

Day/Date/Year