

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90167 011 ***150.00



DOCUMENT # 505264
 1. Entity Name
C. D. HOGAN TREE COMPANY

Principal Place of Business: **520 NE 34 COURT OAKLAND PARK FL 33334**
 Mailing Address: **464 NW 47TH COURT FORT LAUDERDALE FL 33309**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **59-1670677**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
HOGAN, CHARLES D II
464 NW 47TH COURT
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: HOGAN, CHARLES D II STREET ADDRESS: 464 NW 47TH COURT CITY-ST-ZIP: FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE: D NAME: HOGAN, MARK STREET ADDRESS: 380 NW 47 COURT CITY-ST-ZIP: FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE: S NAME: HOGAN, CHRISTINE STREET ADDRESS: 610 NE 58 COURT CITY-ST-ZIP: FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE: TD NAME: HOGAN, MARLA STREET ADDRESS: 1012 NEW BOOT HEEL ROAD CITY-ST-ZIP: VENUS FL 33960	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V/T NAME: MARK HOGAN STREET ADDRESS: 65 Russell Court CITY-ST-ZIP: VENUS, Florida 33960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christine Blanton **Christine Blanton** 02/28/05 9545654084
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #