


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 505264</b> 1. Entity Name <b>C. D. HOGAN TREE COMPANY</b>	
---	---



Principal Place of Business <b>520 NE 34 COURT OAKLAND PARK FL 33334</b>	Mailing Address <b>464 NW 47TH COURT FORT LAUDERDALE FL 33309</b>
---	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE      CR2E034 (10/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-1670677</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 X *Charles D Hogan II*      DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--

10. OFFICERS AND DIRECTORS	
TITLE	PD HOGAN, CHARLES D II <input type="checkbox"/> Delete STREET ADDRESS 464 NW 47TH COURT CITY ST ZIP FORT LAUDERDALE FL 33309
TITLE	VT HOGAN, MARK <input type="checkbox"/> Delete STREET ADDRESS 380 NW 47 COURT CITY ST ZIP FORT LAUDERDALE FL 33309
TITLE	S HOGAN, CHRISTINE <input type="checkbox"/> Delete STREET ADDRESS 610 NE 58 COURT CITY ST ZIP FORT LAUDERDALE FL 33334
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U00000613307 02/05/07-80033-009 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X *Charles P. Hogan II*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR