

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90024 050 ***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 - No P.O. Box #
547 NE 34 COURT
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State: **OAKLAND PARK Florida**
 Zip: **33334** Country: **USA**

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

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

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: _____ State: **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: *Charles D. Hogan II*
(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 <input type="checkbox"/> Delete | NAME: HOGAN, CHARLES D II STREET ADDRESS: 464 NW 47TH COURT CITY-ST-ZIP: FORT LAUDERDALE FL 33309 |
| TITLE: VT <input checked="" type="checkbox"/> Delete | NAME: HOGAN, MARK STREET ADDRESS: 380 NW 47 COURT CITY-ST-ZIP: FORT LAUDERDALE FL 33309 |
| TITLE: S <input type="checkbox"/> Delete | NAME: HOGAN, CHRISTINE STREET ADDRESS: 610 NE 58 COURT CITY-ST-ZIP: FORT LAUDERDALE FL 33334 |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Charles D. Hogan II*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR