

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 507391

1. Entity Name
HOGAN AND SONS, INC.



Principal Place of Business
**2745 N. ST. LUCIE AVE.
PO BOX 880
VERO BEACH, FL 32961-0880 US**

Mailing Address
**2745 N. ST. LUCIE AVE.
P. O. BOX 880
VERO BEACH, FL 32961 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1680490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STREETMAN, GEORGE H
677 LAKE DRIVE
VERO BCH., FL 32963**

**DO NOT WRITE
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 **George H. Streetman, President**
Signature, typed or printed name of registered agent and title if applicable

1/6/06
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STREETMAN, GEORGE H
STREET ADDRESS	677 LAKE DRIVE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	V
NAME	GUNTER, DAVID E
STREET ADDRESS	5280 22ND ST.
CITY-ST-ZIP	VERO BEACH, FL
TITLE	ST
NAME	STOUGH, MARIBETH M
STREET ADDRESS	355 58TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80080-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: **Maribeth Stough** Sec/Treas **Maribeth Stough** 1/19/06 772-562-3139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #