

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507800

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: HOGAN LANE DAY CARE, INC.

**Current Principal Place of Business:**

8019 HOGAN COVE DRIVE  
JACKSONVILLE, FL 32221 US

**New Principal Place of Business:**

**Current Mailing Address:**

8019 HOGAN COVE DRIVE  
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

FEI Number: 59-1679936      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLF, W.A.  
3733 UNIVERSITY BLVD. W. SUITE 203  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: HOGAN, TODD W.,  
Address: 8011 HOGAN COVE DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: PD ( ) Delete  
Name: HOGAN, SHARON,  
Address: 8028 HOGAN COVE DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP ( ) Delete  
Name: GRAF, RICHARD J.,  
Address: 8028 HOGAN COVE DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete  
Name: LITWIN, AMY HOGAN  
Address: 8020 HOGAN COVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HOGAN

PD

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date