

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507800

FILED  
Jan 28, 2011  
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:**

HOGAN, SHARON D PD  
8028 HOGAN COVE DRIVE  
JACKSONVILLE, FL 32221 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

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: LITWIN, AMY H VP  
Address: 8020 HOGAN COVE DR  
City-St-Zip: JACKSONVILLE, FL 32221

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON D. HOGAN

PRES

01/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date