

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507800

FILED
Jan 04, 2012
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 HOGAN

PD

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date