

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002881

1. Entity Name
HOGAN MFG., INC.



Principal Place of Business
P.O. BOX 398
ESCALON, CA 95320

Mailing Address
P.O. BOX 398
ESCALON, CA 95320



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2314454

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GISKA, MIKE
1834 SABAL PALM DRIVE
MELBOURNE, FL 32934

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOGAN, MARK
STREET ADDRESS 1638 MAIN STREET
CITY-ST-ZIP ESCALON, CA 95320

TITLE V
NAME HOGAN, JEFF
STREET ADDRESS 19527 S. MCHENRY AVENUE
CITY-ST-ZIP ESCALON, CA 95320

TITLE S
NAME HOGAN, BERNICE
STREET ADDRESS 1638 MAIN STREET
CITY-ST-ZIP ESCALON, CA 95320

TITLE T
NAME HOGAN, TERI LUCAS
STREET ADDRESS 1638 MAIN STREET
CITY-ST-ZIP ESCALON, CA 95320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000150527
05/04/04-80011-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Mark Hogan

4/27/04

(209) 838-7323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #