


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 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
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DO NOT WRITE IN THIS SPACE



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-2314454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000374481 07/26/05-80002-004 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGAN, MARK 1638 MAIN STREET ESCALON, CA 95320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOGAN, JEFF 19527 S. MCHENRY AVENUE ESCALON, CA 95320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOGAN, BERNICE 1638 MAIN STREET ESCALON, CA 95320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOGAN, TERI LUCAS 1638 MAIN STREET ESCALON, CA 95320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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** **7/15/2005** **(209) 838-7323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #