

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2006 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**



05302006 No Chg-P CR2E034 (11/05)

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

1100000566307
06/06/06-80001-006 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK HOGAN

05/30/06

Date

(209) 838-7323

Daytime Phone #