2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002881

LICCANIATE INC

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

HOGAN, BERNICE

1638 MAIN STREET

ESCALON, CA 95320

HOGAN, TERÌ LUCAS

1638 MAIN STREET

ESCALON, CA 95320

() Delete

FILED Apr 20, 2007 Secretary of State

Entity Nar	ne: HOGAN	MFG., INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
P.O. BOX 398 ESCALON, CA 95320				1704 FIRST AND COLEY STREETS ESCALON, CA 95320			
Current Mailing Address:			New Mail	New Mailing Address:			
P.O. BOX : ESCALON	398 , CA 95320						
FEI Number:	94-2314454	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desir	ed()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
MELBOUR The above	AL PALM DRIV RNE, FL 32934 named entity of Florida.		e purpose of changing	its registered	l office or registered agent	, or both,	
		nic Signature of Registered A	Agent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	NS/CHANGE	S TO OFFICERS AND D	IRECTORS	
Title: Name: Address: City-St-Zip:	P (HOGAN, MARK 1638 MAIN STI ESCALON, CA	REET	Title: Name: Address: City-St-Zip:	P HOGAN, MAI 26423 MAGN ESCALON, C	IOLIA RD		
Title: Name: Address: City-St-Zip:	V (HOGAN, JEFF 19527 S. MCHI ESCALON, CA		Title: Name: Address: City-St-Zip:	V HOGAN, JEF 514 SHERRY MODEESTO	CT.		
Title:	s () Delete	Title:	S	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

HOGAN, BERNICE

1205 COUNTRY CLUB DR

(X) Change () Addition

MODESTO, CA 95356

HOGAN, TERÌ LUCAS

15508 DE LA CRUZ DR

RANCHO MURIETA, CA 95683

SIGNATURE: MARK HOGAN Ρ 04/20/2007