

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004766

Entity Name: B. HOGAN ASSOCIATES, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

535 70TH ST.  
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

535 70TH ST.  
HOLMES BEACH, FL 34217

**New Mailing Address:**

FEI Number: 65-0387549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOGAN, BRIAN  
535 70TH STREET  
HOLMES BEACH, FL 34217 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: CP  
Name: HOGAN, BRIAN P  
Address: 535 70TH ST.  
City-St-Zip: HOLMES BEACH, FL 34217

Title: DST  
Name: HOGAN, LINDA B  
Address: 535 70TH ST.  
City-St-Zip: HOLMES BEACH, FL 34217

Title: VP  
Name: HOGAN, STEPHEN  
Address: 535 70TH ST.  
City-St-Zip: HOLMES BEACH, FL 34217

Title: VP  
Name: HOGAN, TIMOTHY  
Address: 535 70TH ST.  
City-St-Zip: HOLMES BEACH, FL 34217

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: BRIAN P. HOGAN

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date