2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # J26785

1. Entity Name
THE HOGAN GROUP, INC.

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD., #4000 TAMPA, FL 33602	101 E. KENNEDY BLVD., #4000 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2717917
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, RAYMOND E
101 EAST KENNEDY BOULEVARD
SUITE 4000
TAMPA, FL 33602-0000

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

H04000104795
04/06/04-80025-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	HOGAN, MICHAEL D
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 4000
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	PCOO
NAME	MILLS, RAYMOND E
STREET ADDRESS	101 E. KENNEDY BLVD., #4000
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	FUNK, STEVEN M
STREET ADDRESS	5555 GLENRIDGE CONN N.E., SUITE 925
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	VP
NAME	NEVE, RICHARD H
STREET ADDRESS	701 WATERFORD WAY N.W.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	AS
NAME	REBACK, DEBRA
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 4000
CITY-ST-ZIP	TAMPA, FL 33602
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: _____ Raymond E. Mills 4/1/04 813-274-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #