

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26785

FILED
Apr 22, 2005
Secretary of State

Entity Name: THE HOGAN GROUP, INC.

Current Principal Place of Business:

101 E. KENNEDY BLVD., #4000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

101 E. KENNEDY BLVD., #4000
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2717917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, RAYMOND E
101 EAST KENNEDY BOULEVARD
SUITE 4000
TAMPA, FL 336020000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: HOGAN, MICHAEL D
Address: 101 E. KENNEDY BLVD., SUITE 4000
City-St-Zip: TAMPA, FL 33602

Title: PCOO () Delete
Name: MILLS, RAYMOND E
Address: 101 E. KENNEDY BLVD., #4000
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Delete
Name: FUNK, STEVEN M
Address: 5555 GLENRIDGE CONN N.E., SUITE 925
City-St-Zip: ATLANTA, GA 30342

Title: VP () Delete
Name: NEVE, RICHARD H
Address: 701 WATERFORD WAY N.W.
City-St-Zip: MIAMI, FL 33126

Title: AS () Delete
Name: REBACK, DEBRA
Address: 101 E. KENNEDY BLVD., SUITE 4000
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RAYMOND E. MILLS

Electronic Signature of Signing Officer or Director

PRES

04/22/2005

_____ Date