

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90019 008 ***150.00

DOCUMENT # K08174

1. Entity Name

HOGAN BROTHERS WELDING, INC.



Principal Place of Business

14489 N. W. HWY. 19
CHIEFLAND FL 32626
US

Mailing Address

14489 N. W. HWY. 19
CHIEFLAND FL 32626
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0020385

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, STUART A.
207 ORANGE AVE.
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

LARRY HOGAN

Street Address (P.O. Box Number is Not Acceptable)

14489 N.W. Hwy 19

City

CHIEFLAND

FL

Zip Code

32626

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

LARRY HOGAN

Larry Hogan

1-24-08

Signature, typed or printed name of registered agent and this Declaration

(NOTE: Registered agent signature required for each change of agent)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	HOGAN, LARRY	
STREET ADDRESS	14489 N. W. HWY. 19	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	VD	☐ Delete
NAME	HOGAN, KENNY	
STREET ADDRESS	13331 N. W. 91ST. PLACE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kenny Hogan V.P.

1-24-08

352-493-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax #