

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000038872

Entity Name: BILL HOGAN INSURANCE, INC.

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3977 CATTLEMAN ROAD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 19319  
SARASOTA, FL 34276

**New Mailing Address:**

FEI Number: 65-0999961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRACY, CATHERINE L  
2058 CONSTITUTION BLVD  
SARASOTA, FL 34231 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: DPT  
Name: HOGAN, WILLIAM  
Address: 3977 CATTLEMEN RD  
City-St-Zip: SARASOTA, FL 34233

Title: VPS  
Name: HOGAN, JACALYN  
Address: 3977 CATTLEMEN RD  
City-St-Zip: SARASOTA, FL 34233

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: WILLIAM HOGAN

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03/22/2011

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

\_\_\_\_\_  
Date