


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90008 029 ***150.00

DOCUMENT # P01000002656

1. Entity Name
HOGAN'S SERVICES, INC.



Principal Place of Business Mailing Address
3631 SE 1ST. ST. **3631 SE 1ST. ST.**
BOYNTON BEACH, FL 33435 **BOYNTON BEACH, FL 33435**

40039896



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03062007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
65-1073007 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

KERN, KEITH D
50 SE 4TH AVE.
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name **Hogan, Keith**
 Street Address (P.O. Box Number is Not Acceptable) **3631 SE 1st St.**
 City **Boynton Beach** **FL** Zip Code **33435**

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 *Keith B. Hogan* DATE **3-20-07**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOGAN, KEITH B	
STREET ADDRESS	3631 SE 1ST ST.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOGAN, KRISTA	
STREET ADDRESS	3631 SE 1ST STREET	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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 *Keith B. Hogan* DATE **3-20-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-Time Phone #