

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90080 040 ***150.00

DOCUMENT # P01000043478

1. Entity Name
HOGAN'S FRANCHISE SYSTEMS, INC.



Principal Place of Business
**2322 N. W. 13TH ST.
GAINESVILLE, FL 32609 US**

Mailing Address
**2322 N. W. 13TH ST.
GAINESVILLE, FL 32609 US**



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3727169

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPELMAN, WALTER L
6617 N. W. 16TH PLACE
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPELMAN, WALTER L
STREET ADDRESS	6617 N. W. 16TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VS
NAME	VARNES, PATRICIA A
STREET ADDRESS	6617 NW 16TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	T
NAME	VARNES, MARTHA V
STREET ADDRESS	2823 NW 11TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

P. Varnes

Patricia A. Varnes

4/7/04 (352) 332-1662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #