


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000043478 1. Entity Name HOGAN'S FRANCHISE SYSTEMS, INC.	
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Principal Place of Business 2322 N. W. 13TH ST. GAINESVILLE, FL 32609 US	Mailing Address 2322 N. W. 13TH ST. GAINESVILLE, FL 32609 US
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**DO NOT WRITE IN THIS SPACE**

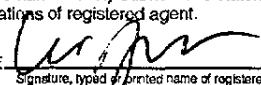


03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3727169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SPELMAN, WALTER L 6617 N. W. 16TH PLACE GAINESVILLE, FL 32605	<b>DO NOT WRITE IN THIS SPACE</b>
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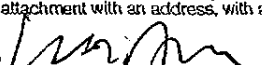
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Walt Spelman, President 3/7/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000259412 03/11/05-80024-004 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPELMAN, WALTER L 6617 N. W. 16TH PLACE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS VARNES, PATRICIA A 6617 NW 16TH PLACE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VARNES, MARTHA V 2823 NW 11TH TERR GAINESVILLE, FL 32609	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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:  Walt Spelman, President 3/7/05 (352)376-6224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #