

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90254 002 ***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

50018893

2. Principal Place of Business
2327 NW 13th St
Suite, Apt. #, etc.

3. Mailing Address
2327 NW 13th St
Suite, Apt. #, etc.

City & State
Gainesville FL
Zip
32609 Country
U.S.A.

City & State
Gainesville FL
Zip
32609 Country
U.S.A.

04272006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3727169 Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *W Spelman* **Walt Spelman, President** **4/27/06**
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, 2006 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	SPELMAN, WALTER L	
STREET ADDRESS	6617 N. W. 16TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VS	<input type="checkbox"/> Delete
NAME	VARNES, PATRICIA A	
STREET ADDRESS	6617 NW 16TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	VARNES, MARTHA V	
STREET ADDRESS	2823 NW 11TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
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"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
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, changed, or on an attachment with an address, with all other like empowered.

Walt Spelman