


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000111493  
 1. Entity Name  
 GEORGE HOGANS AUTO SALES, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 75 CHARLIE BROWN RD. 75 CHARLIE BROWN RD.  
 DEFUNIAK SPGS, FL 32435 FL DEFUNIAK SPGS, FL 32435 FL

**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-2030623 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HOGANS, GEORGE F JR.  
 169 S NORWOOD RD  
 DEFUNIAK SPGS, FL 32435

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

UN0000263931  
 03/15/05-80005-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOGAN, GEORGE F JR.
STREET ADDRESS	169 S. NORWOOD RD.
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435
TITLE	SEC
NAME	HOGAN, GEORGE F JR
STREET ADDRESS	169 S. NORWOOD RD
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: George F Hogans 03-11-05 850-892-2345  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #