


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P0300011493 1. Entity Name GEORGE HOGANS AUTO SALES, INC.	
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Principal Place of Business 75 CHARLIE BROWN RD. DEFUNIAK SPGS, FL 32435	Mailing Address 75 CHARLIE BROWN RD. DEFUNIAK SPGS, FL 32435
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2030623	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

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, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGAN, GEORGE F JR. 169 S. NORWOOD RD. DEFUNIAK SPGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOGAN, GEORGE F JR 169 S. NORWOOD RD DEFUNIAK SPGS, FL 32435
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02/14/07-80031-001 150.00

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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: George Hogan Date: 02-05-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR