2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P03000111493 1. Entity Name GEORGE HOGANS AUTO SALES, INC.					05-01-200	90204 02:	2 ***15	50.00	
Principal Place of Business N		Mailing Addross	Mailing Address		_				
75 CHARLIE BROWN RD. DEFUNIAK SPGS, FL 32435		75 CHARLIE BROWN RE DEFUNIAK SPGS, FL 32			· · · · · · · · · · · · · · · · · · ·				
				L PROPERTY OF	ESISS 1771 POLICE STATE				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292008	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Numbe				plied For	
Zip	Country	Zip	Country		of Status Desired		3.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New			-	
, , , , , , , , , , , , , , , , , , , ,									
HOGANS, GEORGE F JR. 169 S NORWOOD RD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
DEFUNIAK SPGS, FL√32435			-						
·*			City						
			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 Signature. Typed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.									
(To its inspirated right and wight temperatury) UAIE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				5.00 May Be dded to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DI	RECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE		*		Change	Addition	
NAMF.	HOGAN, GEORGE F JR.	NAME							
STREET ADDRESS	169 S. NORWOOD RD.	STREET ADDRESS							
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435 SEC	CITY-ST-ZIP							
TITLE NAME	HOGAN, GEORGE F JR	TITLE NAME				Change	Addition		
STREET ADDRESS	169 S. NORWOOD RD	STREET ADDRESS							
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435	CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME			Ċ	Change	Addition	
STREET ADDRESS			STREET ADDRESS				••		
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP						
TITLE	 	☐ Delete	TITLE		,	Ľ	Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE	J. M	☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME				-		
STREET ADDRESS			STREET ADDRESS						
CITY-S1-ZIP CITY- 12. I hereby certify that the information supplied with this filing does not qualify for the exe			CITY-ST-ZIP	and to Observe the	Finds Street	14	4b-4 *b- *		
 iz. inereby 6 	enny mai me miormation supplied with	i uns thing does not quality for	r me exemptions contain	eo in Chapter 119	, riorida Statutes.	. Liuriner certify	mai the ir	าเบเฑลนอก	

2. Thereby carrily that the information sopplied with this ming does not quality for the exemptors contained in Chapter 119, riorda Statutes. I futner certify that the 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEBOR DIRECTOR

04-29-08 850-892-234

Daytime Phone