## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000100878

Entity Name: HOGAN INSURANCE SERVICES, INC

FILED Mar 22, 2011 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
4619 TRAILS DR SARASOTA, FL 34232				
Current Mailing Address:		New Mailing Address:		
4619 TRAILS DR SARASOTA, FL 34232				
FEI Number: 27-4273534	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
HOGAN, JACKIE 4619 TRAILS DR SARASOTA, FL 34232	US			
The above named entity s in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	

## OFFICERS AND DIRECTORS:

Title:

Name: HOGAN, JACKIE Address: 4619 TRAILS DR City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACKIE HOGAN P 03/22/2011