

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90119 031 \*\*\*150.00

**DOCUMENT # P13796**

1. Entity Name

J.K. HOGAN INC.



Principal Place of Business

~~COUNTY HOUSE ROAD~~ **130 GENESEE ST.**  
**SUITE 200**  
AUBURN NY 13021

Mailing Address

P.O. BOX 189  
AUBURN NY 13021



2. Principal Place of Business

**130 GENESEE STREET**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 200**

Suite, Apt. #, etc.

City & State

**AUBURN NY**

City & State

Zip

**13021**

Country

**USA**

Zip

Country

4. FEI Number

**16-1167842**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**CAPTIAL CONNECTION, INC.**  
**417 EAST VIRGINIA STREET, SUITE 1**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HOGAN, J. KEVIN**  
STREET ADDRESS **8 GREEN LINKS TURN**  
CITY-ST-ZIP **AUBURN NY 13021**

TITLE **VP** ☐ Delete  
NAME **HOGAN, TERESA M**  
STREET ADDRESS **8 GREEN LINKS TURN**  
CITY-ST-ZIP **AUBURN NY 13021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. Kevin Hogan**

**3-7-06**

Date

**315-252-0969**

Daytime Phone #