

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000001397

1. Entity Name
KEITH HOGAN PROPERTIES, INC.



Principal Place of Business
**310 ALMOND ST
CLERMONT, FL 34711**

Mailing Address
**310 ALMOND ST
CLERMONT, FL 34711**



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3221067	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOGAN, KEITH
310 ALMOND ST
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000517482
02/07/07-80075-020 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOGAN, KEITH
STREET ADDRESS 18308 TRIPLE E. ROAD
CITY-ST-ZIP CLERMONT, FL 34712

TITLE D
NAME HOGAN, SARAH
STREET ADDRESS 18308 TRIPLE E. ROAD
CITY-ST-ZIP CLERMONT, FL 34712

TITLE D
NAME HOGAN, WHITNEY
STREET ADDRESS 18308 TRIPLE E RD.
CITY-ST-ZIP FERNDALE, FL 34729

TITLE D
NAME HOGAN, ZACHARY
STREET ADDRESS 18308 TRIPLE E RD
CITY-ST-ZIP FERNDALE, FL 34729

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Keith Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 3523948682
Date Daytime Phone #