## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P94000001397 07-22-2008 90006 015 \*\*\*550.00 KEITH HOGAN PROPERTIES, INC. Principal Place of Business Mailing Address 310 ALMOND ST CLERMONT FL 34711 310 ALMOND ST CLERMONT FL 34711 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3221067 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOGAN, KEITH Street Address (P.O. Box Number is Not Acceptable) 310 ALMOND ST CLERMONT FL 34711 City 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 et and the disaphosoio. (NOTE: Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete TIRE ☐ Change ☐ Addition NAME HOGAN, KEITH NAME STREET ADDRESS 18308 TRIPLE E. ROAD STREET ADDRESS CLERMONT FL 34712 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ■ Addition NAME HOGAN, SARAH MARJE STREET ADDRESS 18308 TRIPLE E. ROAD STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34712 CITY-ST-ZIP TITLE Daiete TITLE Addition . ☐ Change Whitney Suunders 9 Sundy side or Clermon + FL 3 NAME HOGAN, WHITNEY NAME STREET ADDRESS 18308 TRIPLE E RD. STREET ADDRESS CITY-ST-7IP FERNDALE FL 34729 CITY-ST-ZIP 1171 F ☐ Delete TIFLE Addition Change HOGAN, ZACHARY NAME NAME 18308 TRIPLE E RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNDALE FL 34729 CITY-ST-ZIE TOTALE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Hogan 7/16/16

352394868 Daysino Phone •

FILED

Jul 22, 2008 8:00 am