

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001397

FILED
Feb 24, 2009
Secretary of State

Entity Name: KEITH HOGAN PROPERTIES, INC.

Current Principal Place of Business:

310 ALMOND ST
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

310 ALMOND ST
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3221067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, KEITH
310 ALMOND ST
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOGAN, KEITH
Address: 18308 TRIPLE E. ROAD
City-St-Zip: CLERMONT, FL 34712

Title: D () Delete
Name: HOGAN, SARAH
Address: 18308 TRIPLE E. ROAD
City-St-Zip: CLERMONT, FL 34712

Title: D () Delete
Name: SANDERS, WHITNEY
Address: 9 SUNNYSIDE DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HOGAN, ZACHARY
Address: 18308 TRIPLE E RD
City-St-Zip: FERNDAL, FL 34729

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SAUNDERS, WHITNEY
Address: 9 SUNNYSIDE DR
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEITH HOGAN

D

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date