


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # V21902 1. Entity Name HOGAN'S AVIATION, INC.	
--	---

Principal Place of Business 19642 TEQUESTA ST. SUMMERLAND KEY, FL 33042 US	Mailing Address 19642 TEQUESTA ST. SUMMERLAND KEY, FL 33042 US
--	--

DO NOT WRITE IN THIS SPACE



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0330958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARD R BOZA
2226 HARRIS AVE
KEY WEST, FL 33040

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSINGILL, LOIS V. 19642 TEQUESTA ST. SUMMERLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSINGILL, LOIS 19642 TEQUESTA ST. SUGARLOAF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASSINGILL, CLETIS 19642 TEQUESTA ST SUGARLOAF, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000880726
04/15/08-80072-020 150.00

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: Lois Massingill March 31, 2008 (305) 745-3418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #