

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 507800

**Entity Name:** HOGAN LANE DAY CARE, INC.

**Current Principal Place of Business:**

8019 HOGAN COVE DRIVE  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

8019 HOGAN COVE DRIVE  
JACKSONVILLE, FL 32221 US

**FEI Number:** 59-1679936

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOGAN, SHARON DPD  
8028 HOGAN COVE DRIVE  
JACKSONVILLE, FL 32221 US

*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

**Officer/Director Detail :**

Title S  
Name HOGAN, TODD W.  
Address 8011 HOGAN COVE DR  
City-State-Zip: JACKSONVILLE FL 32221

Title PD  
Name HOGAN, SHARON  
Address 8028 HOGAN COVE DR  
City-State-Zip: JACKSONVILLE FL 32221

Title VP  
Name LITWIN, AMY HVP  
Address 8020 HOGAN COVE DR  
City-State-Zip: JACKSONVILLE FL 32221

Title T  
Name LITWIN, AMY HOGAN  
Address 8020 HOGAN COVE DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHARON D. HOGAN

**PRESIDENT**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date