


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90024 028 \*\*\*150.00

<b>DOCUMENT # 690767</b>	
1. Entity Name HOGG FINANCIAL CORP.	

Principal Place of Business 1519 SADDLE WOODE DRIVE FT. MYERS, FL 33919 US	Mailing Address PO BOX 60112 P.O. BOX 06112 FT MYERS, FL 33906 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 60112
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Ft Myers FL
Zip	Country USA

40012000



01252008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2106823	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 HOGG, HOWARD W. 1519 SADDLE WOODE DRIVE FT. MYERS, FL 33919	
7. Name and Address of New Registered Agent Name JAMES W. HOGG Street Address (P.O. Box Number is Not Acceptable) 1519 SADDLE WOODE DR City FORT MYERS FL Zip Code 33919	

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  JAMES W. HOGG 1-25-2008  
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HOGG, HOWARD W 1519 SADDLE WOODE DRIVE FT. MYERS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HOGG, JAMES W. 1519 SADDLE WOODE DRIVE FT. MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS James W Hogg 1519 Saddlewoode Dr Ft Myers FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  JAMES W. HOGG 1-25-2008 239 247 5011  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #