

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G26479

FILED  
Mar 01, 2008  
Secretary of State

Entity Name: HOGUE AIR CONDITIONING, INC.

**Current Principal Place of Business:**

224 COMMERCIAL COURT  
SEBRING, FL 338766524

**New Principal Place of Business:**

**Current Mailing Address:**

224 COMMERCIAL COURT  
SEBRING, FL 338766524

**New Mailing Address:**

FEI Number: 59-2267987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RHOADES, CLIFFORD R  
227 N RIDGEWOOD DR  
SEBRING, FL 33870 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: PD ( ) Delete  
Name: HOGUE, WILLIAM DALE,  
Address: 4330 SKIPPER RD  
City-St-Zip: SEBRING, FL 00000,

Title: SD ( ) Delete  
Name: HOGUE, CONNIE LEE,  
Address: 4330 SKIPPER RD  
City-St-Zip: SEBRING, FL 00000,

Title: VD ( ) Delete  
Name: WHALEY, HARRY LEE,  
Address: 744 LAKE JUNE RD.  
City-St-Zip: LAKE PLACID, FL 00000,

Title: TD ( ) Delete  
Name: WHALEY, WILMA JEAN,  
Address: 744 LAKE JUNE RD.  
City-St-Zip: LAKE PLACID, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: CONNIE LEE HOGUE

SD

03/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date