

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055953

Entity Name: HOGUE ENTERPRISES, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

2719 SEDGEFIELD AVE  
DELTONA, FL 32725

## New Principal Place of Business:

108 IVYDALE MANOR DR  
DELAND, FL 32724

## Current Mailing Address:

2719 SEDGEFIELD AVE  
DELTONA, FL 32725

## New Mailing Address:

108 IVYDALE MANOR DR  
DELAND, FL 32724

FEI Number: 04-3663959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOGUE, WILLIAM D II  
2719 SEDGEFIELD AVE  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

HOGUE, WILLIAM D II  
108 IVYDALE MANOR DR  
DELAND, FL 32724 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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOGUE, WILLIAM D II  
Address: 2719 SEDGEFIELD AVE  
City-St-Zip: DELTONA, FL 32725

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HOGUE, WILLIAM D II  
Address: 108 IVYDALE MANOR DR  
City-St-Zip: DELAND, FL 32724

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: WD HOGUE II

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date