


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000019374 1. Entity Name HOGUE CONSULTING, INC.	
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Principal Place of Business 3879 CAPTAINS COURT GULF BREEZE, FL 32563	Mailing Address 3879 CAPTAINS COURT GULF BREEZE, FL 32563
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEE Number 02-0679892	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PALMER, RAYMOND B ESQ 913 GULF BREEZE PKWY STE 41 GULF BREEZE, FL 32561
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOGUE, GAYE 3879 CAPTAINS COURT GULF BREEZE, FL 32563
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<p>000000390395 01/23/06-80027-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: C. Hogue 1/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #