

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000127881

1. Entity Name
HOOG ELECTRIC CORPORATION



Principal Place of Business
210 JEFFERSON AVE
CAPE CANAVERAL, FL 32920

Mailing Address
210 JEFFERSON AVE
CAPE CANAVERAL, FL 32920



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0486781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOG, ROBERT E
210 JEFFERSON AVE
CAPE CANAVERAL, FL 32920

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

01152005
02/03/05-80009-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOOG, ROBERT E JR
STREET ADDRESS	5320 PINE ST
CITY - ST - ZIP	COCOA, FL 32927
TITLE	V
NAME	HOOG, RANDY L
STREET ADDRESS	939 PINE BAUGH ST
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	S
NAME	HOOG, JOHN M JR
STREET ADDRESS	5190 N HWY 1
CITY - ST - ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-05 321-508-8516