2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000113082

1. Entity Name
PENNY ROWE HAGUE, INC.

Principal Place of Business	Mailing Address
1505 SOMBRERO BLVD #103 MARATHON, FL 33050	1505 SOMBRERO BLVD #103 MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

04212008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-3376703		Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ MORATO, MARLENE
5800 OVERSEAS HWY, STE 6
MARATHON, FL 33050

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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, 2008 Fee will be $550.00

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

U00000952163
06/04/08-80070-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ROWE HAGUE, PENNY
STREET ADDRESS	1505 SOMBRERO BLVD #103
CITY-ST-ZIP	MARATHON, FL 33050

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Penny Rowe Hague_   5-21-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #