


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000072612 1. Entity Name HOGER ENTERPRISES, INC.	
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Principal Place of Business 349 SW LOREN COURT LAKE CITY, FL 32024	Mailing Address 2109 W. US HWY. 90, STE. 170-307 LAKE CITY, FL 3205
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5006920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOGER, JUDITH D  
 349 SW LOREN COURT  
 LAKE CITY, FL 32024

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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 \_\_\_\_\_ 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, 2008 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	P HOGER, CLYDE L 2109 W. HWY. 90, STE. 170-307 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOGER, JUDITH D 2109 W. HWY. 90, STE. 170-307 LAKE CITY, FL 32055
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UD00000810044  
 02/08/08-80047-015 150.00

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: Judith D. Hoger Date: 01/30/08 Daytime Phone #: 386-755-5025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR