## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000074164

Entity Name: HUE CORPORATION

Address:

City-St-Zip:

11414 SEMINOLE

LARGO, FL 33778

FILED Jan 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8900 58TH ST PINELLAS PARK, FL 33782 **Current Mailing Address: New Mailing Address:** 7780 49TH STREET NORTH SUITE 511 PINELLAS PARK, FL 33781 FEI Number: 20-4942384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMPTON, ALVIN P PRES 7780 49TH STREET NORTH SUITE 511 PINELLAS PARK, FL 33781 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete Title: () Change () Addition HAMPTON, ALVIN P PRES. Name: Name: 8900 58TH ST Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HOOPES, KEN Name: 337 GROVES POINT CR Address: Address: HAMPSTEAD, NC 28443 City-St-Zip: City-St-Zip: POE Title: Title: ( ) Delete POF (X) Change ( ) Addition LUCAS, ERICK Name: LUCES, ERICK Name: 104 COUST CT 104 JOUST CT Address: Address: City-St-Zip: CARY, NC 27513 City-St-Zip: CARY, NC 27513 Title: () Delete Title: () Change () Addition PAPP, TIM Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ALVIN P HAMPTON PRES 01/09/2009