2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P94000011816 Jan 29, 2005 08:00 AM 1. Entity Name **Secretary of State** HOGUE PROPERTIES, INC. Principal Place of Business Mailing Address 5531 9TH STREET BNORTH 5531 9TH STREET BNORTH ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 01272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3265962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOGUE, ROBERT L DO NOT WRITE 5531 9TH STREET BNORTH ST. PETERSBURG, FL 33703 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000204304 01/29/05-80066-096 450.00 PTSD TITLE HOGUE, ROBERT L. NAME. STREET ADDRESS 5531 9TH STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ШĘ IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

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 eport 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 trusted 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 tike empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY - ST- ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

Deytime Phone #