

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002905

Entity Name: HOPEN CORPORATION

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

180 PINE AVE. NORTH  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

180 PINE AVE. NORTH  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-3619812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOPEN, ANTON J ESQ.  
SMITH & HOPEN, P.A.  
15950 BAY VISTA DRIVE SUITE 220  
CLEARWATER, FL 33760 US

**Name and Address of New Registered Agent:**

HOPEN, ANTON J ESQ.  
SMITH & HOPEN, P.A.  
180 PINE AVENUE NORTH  
OLDSMAR, FL 34677 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: \_\_\_\_\_ 01/08/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOPEN, LISA  
Address: 15950 BAY VISTA DRIVE SUITE 220  
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete  
Name: HOPEN, ANTON  
Address: 15950 BAY VISTA DR., SUITE 220  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: HOPEN, LISA  
Address: 180 PINE AVENUE NORTH  
City-St-Zip: OLDSMAR, FL 34677

Title: PD (X) Change ( ) Addition  
Name: HOPEN, ANTON  
Address: 180 PINE AVENUE NORTH  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ANTON HOPEN      PD      01/08/2007  
Electronic Signature of Signing Officer or Director      Date