## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # 281024** 01-26-2005 90020 011 \*\*\*150.00 1. Entity Name GOOD HOPE, INC. Principal Place of Business Mailing Address UCCOUUUL 435 S. RIDGEWOOD AVE. 435 S RIDGEWOOD AVE #210 #210 DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 59-1088201 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELUS, ALLEN M Street Address (P.O. Box Number is Not Acceptable) 435 S RIDGEWOOD AVE #210 DAYTONA BEACH, FL 32114 City Zip Code 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ٥ ☐ Addition ☐ Delete ☐ Change TITLE TITLE MARDIKOS, NICHOLAS NAME STREET ADDRESS **5 FORT HILL CIRCLE** STREET ADDRESS CITY-ST-ZIP STATEN ISLAND, NY CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F MARDIKOS, THEODOSI NAME STREET ADDRESS 865 FOREST AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STATEN ISLAND, NY PST ☐ Change TITLE ☐ Delete TITLE Addition MARDIKOS, JAMES NAME STREET ADDRESS **36 BELMONT AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STATEN ISLAND, NY., ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 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

FILED Jan 26, 2005 8:00 am

Daytime Phone