


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 383289</b>			
1. Entity Name <b>FOREST HOPE, INC.</b>		Principal Place of Business <b>11820 TURKEY CREEK BLVD ALACHUA FL 32615-6513 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>158 TURKEY CREEK ALACHUA FL 32615-6513 US</b>	
4. FEI Number <b>59-1382784</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/07)	



6. Name and Address of Current Registered Agent <b>N FOREST HOPE 11820 TURKEY CREEK BLVD ALACHUA FL 32615</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when registering.)

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution,  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HOPE, N FOREST STREET ADDRESS 11820 TURKEY CREEK BLVD CITY-ST-ZIP ALACHUA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000825924 02/21/08-80029-007 150.00
TITLE VP/D NAME HOPE, NORWOOD J STREET ADDRESS 11820 TURKEY CREEK BLVD CITY-ST-ZIP ALACHUA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/D NAME HOPE, DAVID F STREET ADDRESS 11820 TURKEY CREEK BLVD CITY-ST-ZIP ALACHUA FL 32615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *N. Forest Hope* **N. FOREST HOPE** **1-24-08** **386 462 5653**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**