

04-13-2005 90022 050 ***150.00
538898

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 538898

1. Entity Name
HOPEWELL MEMORIAL GARDENS, INC.



Principal Place of Business
6005 S S. R. 39
PLANT CITY, FL 33567

Mailing Address
6005 S S. R. 39
PLANT CITY, FL 33567

FILED
05 APR 27 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20030601



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1762870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, MARGIE LYNN
6005 STH SR 39
PLANT CITY, FL 33567

DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------|
| TITLE | VSD |
| NAME | WILLIS, MARGIE L. |
| STREET ADDRESS | 6002 S S. R. 39 |
| CITY - ST - ZIP | PLANT CITY FL, |
| TITLE | PTD |
| NAME | HANEY, GLENDA K. |
| STREET ADDRESS | 6002 S S. R. 39 |
| CITY - ST - ZIP | PLANT CITY FL, |
| TITLE | PTD |
| NAME | HANEY, EDWENA L. |
| STREET ADDRESS | 6005 S S. R. 39 |
| CITY - ST - ZIP | PLANT CITY, FL 33567 |
| TITLE | D |
| NAME | WILLIS, JOHN G |
| STREET ADDRESS | 6005 S. SR. 39 |
| CITY - ST - ZIP | PLANT CITY, FL 33567 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

DO NOT WRITE
IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margie Lynn Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05
Date

(813) 737-3128
Daytime Phone #