

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005156

1. Entity Name
SHOPE, INC.



Principal Place of Business
**571 PELICAN WAY
DELRAY BEACH, FL 33444**

Mailing Address
**3377 INDIAN SUMMER DRIVE
BLOOMFIELD HILLS, MI 48302**



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2506341	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KATZ, SHARON HOPE
571 PELICAN WAY
DELRAY BEACH, FL 33444**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

in accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	KATZ, SHARON HOPE
STREET ADDRESS	571 PELICAN WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33444

TITLE	DT
NAME	KATZ, SAMUEL
STREET ADDRESS	3377 INDIAN SUMMER DRIVE
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:

Sharon Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON KATZ

7/14/04
Date

(248) 338-8021
Daytime Phone #