

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90032 037 ***158.75

DOCUMENT # H78938

1. Entity Name

HIGH HOPE NURSERY, INC.



Principal Place of Business

11400 SW 316 STREET
HOMESTEAD FL 33031

Mailing Address

P.O. BOX 901370
HOMESTEAD FL 33090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2587759

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRINKLE, JR G
16970 SW 264 ST
HOMESTEAD FL 33031

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

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

After May 1, 2005 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

TITLE	T	<input type="checkbox"/> Delete
NAME	SPRINKLE, GEORGE SR	
STREET ADDRESS	16970 SW 26TH STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SPRINKLE, CAROLYN G.	
STREET ADDRESS	16970 SW 264 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STONE, CINDY	
STREET ADDRESS	25606 S.W. 177 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPRINKLE, GEORGE, JR.	
STREET ADDRESS	1280 S. ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, LISA	
STREET ADDRESS	7355 N.W. 142 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY	
STREET ADDRESS	215 VICTORIA WAY	
CITY-ST-ZIP	GEORGETOWN KY 40324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, GEORGE SR.	
STREET ADDRESS	700 SE 25 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, CAROLYN G.	
STREET ADDRESS	700 SE 25 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, GEORGE, JR.	
STREET ADDRESS	17804 SW 83 COURT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George C. Sprinkle Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #