

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2587759**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
17804 SW 83 CT
MIAMI FL 33157**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	T	☐ Delete
NAME	SPRINKLE, GEORGE SR	
STREET ADDRESS	700 SE 25 LANE	
CITY-STATE-ZIP	HOMESTEAD FL 33035	
TITLE	DS	☐ Delete
NAME	SPRINKLE, CAROLYN G.	
STREET ADDRESS	700 SE 25 LANE	
CITY-STATE-ZIP	HOMESTEAD FL 33035	
TITLE	V	☐ Delete
NAME	STONE, CINDY	
STREET ADDRESS	25606 S.W. 177 AVE	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE	PD	☐ Delete
NAME	SPRINKLE, GEORGE, JR.	
STREET ADDRESS	17804 SW 83 COURT	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE	D	☐ Delete
NAME	WHEELER, LISA	
STREET ADDRESS	7355 N.W. 142 TERRACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	DAVIS, NANCY	
STREET ADDRESS	215 VICTORIA WAY	
CITY-STATE-ZIP	GEORGETOWN KY 40324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U00000598479
CITY-STATE-ZIP	01/24/07-80077-021 158.75
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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: *George C. Sprinkle Jr.* **George C. Sprinkle Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/07

(305) 230-1199