

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78938

FILED
Jan 06, 2009
Secretary of State

Entity Name: HIGH HOPE NURSERY, INC.

Current Principal Place of Business:

11400 SW 316 STREET
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901370
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 59-2587759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINKLE, JR G
17205 SW 256TH ST
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SPRINKLE, GEORGE SR
Address: 700 SE 25 LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: DS () Delete
Name: SPRINKLE, CAROLYN G.,
Address: 700 SE 25 LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: V () Delete
Name: STONE, CINDY,
Address: 25606 S.W. 177 AVE
City-St-Zip: HOMESTEAD, FL

Title: PD () Delete
Name: SPRINKLE, GEORGE, JR.,
Address: 17804 SW 83 COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: WHEELER, LISA,
Address: 7355 N.W. 142 TERRACE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: DAVIS, NANCY
Address: 215 VICTORIA WAY
City-St-Zip: GEORGETOWN, KY 40324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE C SPRINKLE JR.

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date