

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90002 038 ***150.00

DOCUMENT # J02027

1. Entity Name
HOPE (WDLOA), INC.



Principal Place of Business

**2004 S HWY 77
LYNN HAVEN, FL 32444 US**

Mailing Address

**803 W. 8TH CIRCLE
LYNN HAVEN, FL 32444**

DO NOT WRITE IN THIS SPACE



07302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2666620

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOCKE, FRANCES H
803 W 8TH CIRCLE
LYNN HAVEN, FL 32444**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

*I checked the dot in
which the entity did not
receive prior notice. 2/11*

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV LOCKE, RANDALL ROSS 803 W. 8TH CIRCLE LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LOCKE, FRANCES H. 803 W. 8TH CIRCLE LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Frances H. Locke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-04

850-265-4575

Attachment 54066349

#J02027

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this form I checked
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Guane N. Lock