

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # J14598

1. Entity Name
HOPALONG, INC.



Principal Place of Business
2655 N.E. 189 STREET
N. MIAMI BEACH, FL 33180

Mailing Address
2655 N.E. 189 STREET
N. MIAMI BEACH, FL 33180



02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2676771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, MARTIN B.
2655 N.E. 189 STREET
NORTH MIAMI BEACH, FL 33180

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEDMAN, MARTIN B. 2655 N.E. 189TH STREET N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT FINKEL, NATHAN 2655 N.E. 189TH STREET N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREEDMAN, GRACIE 2655 N.E. 189TH STREET N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINKEL, JACQUELINE 2655 N.E. 189TH STREET N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/26/04-80031-015 150.00

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:

Gracie Freedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

305-931-5454

Daytime Phone #