

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 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



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

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

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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!!! FEES \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #