2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000114398

GREAT HOPE TRUCKING, INC.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

1501 LAKE AVENUE, S.E. LARGO, FL 33771

Mailing Address

1501 LAKE AVENUE, S.E. LARGO, FL 33771



04072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3761231

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR. 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

•						
8. The above the obligat	enamed entity submits this statement for the plions of registered agent.	surpose of changing its r	egistered office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, a	and accept
SIGNATURE.						<u> </u>
	Signature, typed or printed name of registered agent and title t	applicable (NOTE	Registered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaig Trust Fund Contri 	·	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE	P	•				
NAME	DAMICO, RONALD					
STREET ADDRESS	1501 LAKE AVENUE, S.E.					
SITY-ST-ZIP	LARGO, FL 33771					
TITLE	ST	**	,		100.000.000.000.000	
NAME	DAMICO, SANDRA				U00000113726	
CIDICIT ADODECC	4504 2 AVE AVENUE OF		L L		- 04/15/04-80021-002 150	DO .

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP LARGO, FL 33771 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP HILLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 attachagent with an address, with all other like empowered.

SIGNATURE:

TITLE MAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylims Phone #