


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 021 ***150.00

DOCUMENT # P02000056756

1. Entity Name
 HOPEWELL GROUP, INC.



Principal Place of Business Mailing Address

5133 US HIGHWAY 98 NORTH 5133 US HIGHWAY 98 NORTH
 LAKELAND, FL 33809 LAKELAND, FL 33809

2. Principal Place of Business 3. Mailing Address

230 N. TENNESSEE AVE **230 N TENNESSEE AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.



04222004 Chg-P CR2E034 (10/03)

City & State City & State

LAKELAND FL **LAKELAND FL**

Zip Country Zip Country

33801 USA POK **33801 USA**

4. FEI Number Applied For

42-1561192 Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, ROBERT E II
 5133 US HIGHWAY 98 NORTH
 LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
120 PINE ST.

SUITE 11

City State Zip Code

LAKELAND FL 33801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
P	COYLE, THOMAS W	6121 HWY 98 N	LAKELAND, FL 33807	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		230 N. TENNESSEE AVE	LAKELAND FL 33801	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Thomas W. Coyle - Thomas W. Coyle 4-22-04 863-815-3365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #