


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90012 036 ***150.00

DOCUMENT # P03000052827	
1. Entity Name HOPE PLACE, INC.	

Principal Place of Business 2404 LEAFDALE CIRCLE SOUTH JACKSONVILLE FL 32218	Mailing Address 2404 LEAFDALE CIRCLE SOUTH JACKSONVILLE FL 32218
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04017003



MOORE CR2E034 (11/03)

2. Principal Place of Business 6470 SW 80 Ave Suite, Apt. #, etc.	3. Mailing Address 6470 SW 80 Ave Suite, Apt. #, etc.
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City & State Trenton, Florida	City & State Trenton, Florida
Zip 32693	Country Gilchrist
Zip 32693	Country Gilchrist

4. FEI Number 33-1054386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JACKSON, ARNOLD H 2404 LEAFDALE CIRCLE SOUTH JACKSONVILLE FL 32218	
7. Name and Address of New Registered Agent Name ARNOLD H. JACKSON Street Address (P.O. Box Number is Not Acceptable) 6480 SW 80 AVE City TRENTON FL Zip Code 32693	

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 <i>Arnold H. Jackson</i> Signature, typed or printed name of registered agent and title if applicable.	ARNOLD H. JACKSON (NOTE: Registered Agent signature required when reinstating) DATE 3/08/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ARNOLD H 2404 LEAFDALE CIRCLE SOUTH JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ-JACKSON, GELEMA 2404 LEAFDALE CIRCLE SOUTH JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Arnold H. Jackson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARNOLD H. JACKSON	3/08/04 Date	352-463-0800 Daytime Phone #
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