


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000121706	
1. Entity Name NEW HOPE ENTERPRISES OF NW FL INC	

Principal Place of Business 7717 RUSTLING PINES DR MILTON, FL 32583	Mailing Address 7717 RUSTLING PINES DR MILTON, FL 32583
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0623793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ERICKSEN, ZEYLA 7717 RUSTLING PINES DR MILTON, FL 32583

**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, 2008 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERICKSEN, VERNON 7717 RUSTLING PINES DR MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERICKSEN, JIMMY 2308 TRAILWOOD DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERICKSEN, ZEYLA 7717 RUSTLING PINES DR MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/14/08-80010-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Zeyla Erickson
Zeyla Erickson

Date

4-21-08 / 850-723-2550

Daytime Phone #