


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000126465</b> 1. Entity Name HOPE TOWN INC.	
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Principal Place of Business 1393 BEACH AVE. ATLANTIC BEACH, FL 32233 US	Mailing Address 1393 BEACH AVE. ATLANTIC BEACH, FL 32233 US
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**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2416194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
EASTON, JILL  
1393 BEACH AVE.  
ATLANTIC BEACH, FL 32233

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES ARCURI, HOPE W 1393 BEACH AVE. ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ARCURI, GREGORY W 1393 BEACH AVE. ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR EASTON, JILL A 1393 BEACH AVE. ATLANTIC BEACH, FL 32233
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U000000316194  
04/19/05-80065-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* president

4/15/05

Date

Daytime Phone #