

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

05 MAR 22 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000057690

1. Entity Name
HOPETON TRUCKING, INC.



Principal Place of Business
**1110 S. MAGNOLIA DRIVE
TALLAHASSEE, FL 32301**


Mailing Address
**1110 S. MAGNOLIA DRIVE
TALLAHASSEE, FL 32301**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



03222005 Chg-P CR2E034 (10/03)

4. FEI Number
200961292

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCFARLANE, WINSTON
3115 HAWKS LANDING
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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]* DATE **3-22-05**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCFARLANE, WINSTON 3115 HAWKS LANDING DR TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			DAVID SACKWITZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8476 LAKE AKINSON DR Tallahassee FL 32310 <i>off</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N MCFARLANE, ETSTON 3115 HAWKS LANDING DR TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			JUDGE MCKENZIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CLARK RD Tallahassee FL 32309 <i>off</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCFARLANE, CLAUDIA 5126 RICKER RD JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			JOHN SALLETS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10013 BULLHOG RD Tallahassee FL 32302 <i>off</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WALTERS, ERIC 1110 S. MAGNOLIA DRIVE TALLAHASSEE, FL 32301	<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 BENNETT, BRUCE A 4509 WESTOVER DR. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			800049350628 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/23/05--01036--024 ***150.00
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.

SIGNATURE: *[Signature]* DATE: **3-22-05** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR