

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000057690

1. Entity Name  
HOPETON TRUCKING, INC.



**FILED**  
06 JAN 18 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006

Chg-P

CR2E034 (11/05)

4. FEI Number  
20-0961292

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME McFARLANE, WINSTON  
STREET ADDRESS 3115 HAWKS LANDING DR  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE T ☐ Delete  
NAME McFARLANE, ETSTON  
STREET ADDRESS 3115 HAWKS LANDING DR  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE S ☐ Delete  
NAME McFARLANE, CLAUDIA  
STREET ADDRESS 5126 RICKER RD  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE D ☐ Delete  
NAME SACKWITZ, DAVID  
STREET ADDRESS 8476 LAKE AKINSON DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
02/02/06--01023--013 \*\*\$150.00

TITLE ☐ Change ☒ Addition  
NAME *Secretary*  
STREET ADDRESS *Todd Danson*  
CITY-ST-ZIP *1110 S Magnolia Dr Tall*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *32301*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100065080621  
02/02/06--01023--013 \*\*\$150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*MW*