2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P04000057690

Entity Name: HOPETON TRUCKING, INC.

Current Principal Place of Business:

1110 S. MAGNOLIA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1110 S. MAGNOLIA DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-0961292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCFARLANE, WINSTON
3115 HAWKS LANDING
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCFARLANE, WINSTON
Address: 3115 HAWKS LANDING DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete
Name: MCFARLANE, ETSTON
Address: 3115 HAWKS LANDING DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: V ( ) Delete
Name: MCFARLANE, CLAUDIA
Address: 3115 HAWKS LANDING DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: VS ( ) Delete
Name: DAVIS, CALVIN
Address: 1110 S. MAGNOLIA DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: S (X) Delete
Name: DODSON, TODD
Address: 1110 S.MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Delete
Name: FISHER, DAVID L
Address: 1110 S. MAGNOLIA DR.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MCFARLANE, CLAUDIA
Address: 3115 HAWKS LANDING DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: S (X) Change ( ) Addition
Name: MCFARLANE, EVERETT
Address: 3115 HAWKS LANDING DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA MCFARLANE VP 04/30/2007

Electronic Signature of Signing Officer or Director Date