

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116723

Entity Name: HOPEWELL, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

2121-H KILLARNEY WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2121-H KILLARNEY WAY
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-1487580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, THOMAS B SEC.
2121-H KILLARNEY WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

WILLIAMS, THOMAS B VP
2121-H KILLARNEY WAY
TALLAHASSEE, FL 32309 US

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: THOMAS B. WILLIAMS

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: WILLIAMS, MARY KAY PRES.
Address: 2121-H KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MR. () Delete
Name: HAYWARD, BLAKE S VI. TR.
Address: 2121-G KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MR. (X) Delete
Name: WILLIAMS, THOMAS B SEC.
Address: 2121-H KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MR. (X) Change () Addition
Name: WILLIAMS, THOMAS B VP
Address: 2121-H KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309

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: THOMAS B WILLIAMS

VP

04/27/2007

Electronic Signature of Signing Officer or Director

Date